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DOING CARE, DOING CITIZENSHIP

TOWARDS A MICRO-SITUATED AND
EMOTION-BASED MODEL OF SOCIAL INCLUSION

Alessandro Pratesi



Doing Care, Doing Citizenship

“If parenthood is the epitome of social citizenship today, the normalisation of non-heterosexual parenting is a crucial step. Pratesi shows how this barrier has been broken in the interactions of everyday life, where the emotions surrounding doing care smooth the way. A deeply empowering and optimistic book.”

—Randall Collins, *University of Pennsylvania, USA*

“This enlightening book challenges many of the tired assumptions surrounding research on care by questioning binary and heteronormative accounts of expressive women versus instrumental men. The empirical focus on same-sex parents and the thoughtful theoretical combining of phenomenology and symbolic interactionism result in a novel account of doing care as a doing of citizenship that can sometimes create forms of emotional inequality. This helps further understandings of the complex interweaving of social stratification with felt experience and thus makes a welcome contribution to the sociology of emotion as well as to scholarship on care.”

—Mary Holmes, *University of Edinburgh, UK*

“This empirically grounded book provides an engaging explication of the meanings and experience of care in urban and suburban Philadelphia. Pratesi’s interpretive phenomenological analysis of the macro–micro intersections which inform the processes of doing care is skilfully executed. Rich and original data illustrate the informal and formal networks of care that emerge to support and sustain dependents, loved ones and lifestyles. Rather than focus on what people do, Pratesi instead focuses on how they feel and in so doing brings together the emotional dynamics and structural inequalities that shape caring responsibilities and different types of carers. Care is thus situated as a deeply emotional, multifaceted and problematic phenomenon that lies at the heart of contemporary citizenship. Some caring practices are strategic, others spontaneous; many derive from necessity and/or the political desire to do things differently. Across this diverse caring landscape, Pratesi weaves a path that unpicks the gendered paradigm of care, while the inclusion of queer and heterosexual participants ensures that analysis drills down into the materiality of caring practices, to contest the rigidity and reification of sexuality and gender as social categories. Paying equal attention to the nourishing and draining aspects of caring work, the analysis engages with and invigorates feminist writings on the ethics of care. While data

are rooted in the North-eastern United States, the analysis here has wider resonance across contemporary Western societies. The underpinning argument is rigorously theoretical, but the writing is anything but dry. Indeed, the account presented is full of tenderness and rich description; the writing brings both the subject and research subjects to life. The resulting embodied social theory of care which Pratesi crafts is accomplished, engaging and insightful.”

—Jacqui Gabb, *The Open University, UK*

“Alessandro Pratesi’s book engages with theory and original research to offer a cutting-edge analysis of the links between care and citizenship. It provides novel insights into how care is done and experienced in a range of intersecting contexts, and discusses parenting, class, gender, sexuality, race and migration. The book makes a vital contribution to our understandings of the emotional dimensions of inequality and citizenship. It is a must-read for anyone interested in the contemporary dynamics of care and citizenship.”

—Brian Heap, *University of Manchester, UK*

“Alessandro Pratesi has skilfully interwoven different theoretical perspectives with a deep understanding of care and its links with social status, social inequalities and social change. The ethnomethodological investigation has revealed, uniquely, how it is through the *doing* of care of children through parenthood, that individuals create forms of emotional stratification at the micro level that affect their social position at the macro level. Through this detailed phenomenological investigation of the processes of *doing* care, insights into the very nature of doing citizenship emerge. The focus on same-sex parents enables an understanding of just how people’s status and ranking in society is fundamentally linked to emotional dynamics in addition to structural factors. This book is essential reading for all those interested in new ways of thinking about how the dynamics of care mirror the dynamics of citizenship, social inclusion and social change in a context of rapidly changing society—through emotions.”

—Carolyn Kagan, *Manchester Metropolitan University, UK*

“*Doing Care, Doing Citizenship* is an exceptional piece of scholarship that draws clear links between the latest research, practice and critical theory. It deserves to be widely cited given its originality.”

—Jason Powell, *University of Chester, UK*

Alessandro Pratesi

Doing Care, Doing Citizenship

Towards a Micro-Situated
and Emotion-Based
Model of Social Inclusion

palgrave
macmillan

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To Bruno and all our children around the world.

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I am grateful to the editors at Palgrave Macmillan and to the anonymous reviewer, whose comments allowed me to further develop and refine a preliminary version of this book; and, above all, to Bruno Cooren, whose intellectual and emotional input has been crucially important for the accomplishment of this work.

And I am grateful to you, dear reader, who have chosen to embark this phenomenological journey around the emotional experience of care and its multiple and less visible implications. I hope you will enjoy the journey.

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1

Introduction

There are at least three main reasons that make of care a crucial territory of inquiry. First, care is a universal experience and a familiar phenomenon to everyone. All of us have provided help to or received a helping hand from others and many of us are most likely going to provide care to significant others in the future. Second, due to the ongoing changes in family structures, working patterns, demographic trends and social security systems, the problem of providing care in flexible and responsive ways is becoming increasingly important. And third, at present, there is no agreement on how to frame a sociological discourse on this significant phenomenon.

This book illustrates the *emotional implications* of informal care¹ by focusing on different kinds of care arrangements, as they emerge in different types of family contexts and other forms of intimate relationships. Partners, relatives and friends are the most important providers of informal care; their practices and individualities provide a fundamental basis to understand this universally shared experience and to shape new approaches to study this complex phenomenon within the context of our rapidly changing societies. To get closer to the core of its nature, different methodological approaches are needed, based on the collection of new high-quality data, focusing on detailed narratives and phenomenological

interpretations of different care experiences in different family contexts. By definition, what comes into play with care is something that cannot be subsumed under any kind of statistical generalisation without the risk of failing to catch important and not-so-visible aspects of this phenomenon. Care cannot be fully understood or explained without considering how it is experienced by the different social actors directly involved and what it means for them; in other words, without immersing ourselves into a 360-degree phenomenology of care.

The theoretical background of this research considers the heuristic and epistemological potential of phenomenology for a critical understanding of symbolic interactionism and ethnomethodology. These traditions of inquiry seem the most suitable to get insights into the multiple ways through which the emotional dynamics of the caregivers shape their experience of care and produce different outcomes in terms of inequality and social exclusion. The phenomenological perspective allowed me to highlight the natural but not necessarily evident links between symbolic interactionism, social constructionism and ethnomethodology, the latter being more specifically identified with the approach of Sarah Fenstermaker and Candace West (2002). The authors conceptualise gender in terms of a fluid, contingent and situated accomplishment (Fenstermaker and West 2002) through which outcomes of inequality are constantly reproduced. They use the expression *doing gender* suggesting that the performative aspects of gender can be interpreted and understood as a way of *doing difference*. My argument is that a careful, phenomenological investigation of the processes involved in *doing care* provides significant clues to interpret and visualise the concept of *doing citizenship*, in other words the multiple ways in which inequalities and dynamics of inclusion/exclusion based on socially constructed categories result from ongoing interactional accomplishments. Care environments are places where dynamics of inclusion and exclusion are constantly produced; therefore, they represent a strategic site to reveal the invisible, emotion-based, interactional mechanisms through which social exclusion and inequality, on the one hand, but also social inclusion, status membership and citizenship, on the other, are constantly reproduced at the micro-level of analysis. The integration of Fenstermaker and West's ethnomethodological approach with some of the most recent advances in the sociology of emotions was

intended to help me overcome the limitations of a traditional study on the gendered division of care work, and to offer a more reliable picture of feminine and masculine ways of *thinking, feeling* and *doing care* within a heterogeneous set of family and non-family contexts.

Several scholars lament the absence of theoretical frameworks able to analyse individuals' behaviours transcending traditional sociological dichotomies such as public and private, work and home, structure and agency, rationality and emotionality, continuity and change, and so on. In our concerns, this makes it all the more difficult to formulate a comprehensive theory of care that might help us to clarify several unsolved contradictions, such as the contradictions connected with the gendered definition of private and public spheres. Many arguments about care proceed from misleading dichotomies between a female world of expressiveness and care and a male world of instrumentality and rationality, reproducing empirical and theoretical divides between the two worlds of sentiment and rationality. The Cartesian dualism between mind and body which has characterised for centuries Western culture has pushed the emotional components of individuals and their social systems out of view. One of the issues I address in this book is the necessity to overcome these dichotomist ideologies and look for more innovative, flexible and reliable ways to think about inequality and social exclusion; the necessity, in other words, "to grasp the interplay of individuals and society, of biography and history, of self and world" (Mills 2000: 1). This can be done by putting emotions at the centre of current sociological thinking and theorising. It is only by focusing on individual, emotionally driven and micro-situated care interactions rather than on assumed differences between male and female care work that we can extend our understanding of the phenomenon of care. In this sense, the inclusion in the research of care models that cannot be gender based for the simple reason that they are performed within the context of same-sex couples or other unconventional family arrangements reveals important insights. Once the conceptual categories of gender and care are expanded and the real (rather than assumed) dynamics of inequality and exclusion associated with *doing care* are visualised, the next theoretical and empirical achievement of this book is identifying and understanding the less visible rationales and implications of care, which force us rethinking both care and inequality.

Thus, the sample included a variety of caregivers: partnered/married and single caregivers, male and female caregivers, heterosexual and gay/lesbian caregivers.

The specific focus of this book on same-sex parents is essential to address care and gender through a critical approach aimed to challenge cultural scripts according to which nuclear family and heterosexuality represent the norm. When I started my research on the phenomenology of informal care, I decided to include same-sex parents not only because they had been largely excluded from conventional research on informal care (or, when included, that was typically to highlight the alleged specificities of their parental practices) but also because they are key to visualise the emotional dynamics of social inclusion/exclusion people produce while caring for others. I realised only later, as I clarify in the last chapter, that they also constitute a key subject to visualise and understand another crucial link between micro-situated (inter)actions and macro-structural dynamics: in this specific case, between care and social change; or better, between *doing care* and *doing social inclusion* and *social change*. During the more than two-year long empirical research, the parents I met made me question common assumptions and conventional ideas about fatherhood and motherhood and induced me to challenge deceptive comparisons between same-sex and heterosexual parents. And if, for research-related reasons, I was forced to use the label same-sex parents throughout my entire work, I share the position of all those mothers and fathers who told me that “*parents are parents*” and they do not need any specific label or tag to qualify their parenthood.

Emotions represent the missing link to explain the real—rather than alleged—dynamics by which inequality is reproduced situationally, beyond the rigid and reifying categorisations of sex, sexuality and gender. By looking at the inner, interactive, emotional dimensions of informal care, this book illustrates how, by doing care, people create forms of emotional stratification at the micro-level that affect their social position at the macro-level. One of the research’s goals was to emphasise the necessity of an embodied social theory of care, which is not worried of being accused of psychologism in its attempt to reconcile micro- and macro-realities of social life by looking at the experience of care in terms of an emotionally charged experience with important sociological and political

implications. In this sense, the new image of the social actor and the reformulation of rational action emerging from some of the latest theoretical advances in the sociology of emotions (notably Collins 2004) seemed a promising start to overcome both the unclear issues left unsolved by rational choice theories and several contradictions still left unanswered by current literature on care.

The analytic perspective I present in this work provides a more detailed description of the person *who cares* and a broader phenomenological approach to the issues of care and care related inequalities. By looking at people's narratives about their *lived* and *felt* experience of care, the book offers a better understanding of the phenomenon of care, its multiple and not-so-visible purposes and implications, and its core nature. The methodological approach is based on an interpretive process aimed at rethinking the phenomenon of care in a more inclusive perspective, by offering rich, innovative qualitative analyses of non-conventional family contexts. This approach intends to build up a phenomenology of the emotions revolving around care through a *thick description* (Geertz 1973) of the qualitative data collected at the micro-level: where informal care is actually experienced and felt; it also aims to illustrate the crucial importance of inductive research and interpretive phenomenological analyses for a deeper, more thorough explanation of the emotional processes involved in care work and in the reproduction of inequality. Based on a comprehensive, ethnographic immersion into informal care which lasted more than two years, this work reports the findings of a micro-situated study of daily care activities within the context of different types of family contexts, with an explicit focus of same-sex parents. All the caregivers I met and interviewed—be they single or partnered/married, heterosexual or homosexual—contributed to the completion of the study illustrated in this book, and I feel an enormous and sincere sense of gratitude for each of them. Without them and their generous contributions, this work would have not been accomplished and my knowledge of care would have remained underdeveloped. Their stories made me think, laugh, cry, reflect and understand; but, above all, they radically changed both my personal perspective on and my intellectual interpretation of care. Being immersed for more than two years in all these experiences of care, so heterogeneous and yet so similar, allowed me not only to develop my

theoretical understanding of this fundamental phenomenon but also to cultivate and refine my own subjective interpretation and appreciation of it. Even more, it made me understand the extent to which empirical research can create contexts of learning and growth where the pleasure of knowledge is never merely cognitive or intellectual.

The interpretive phenomenological analysis I illustrate in this book provides new empirical evidence of people's embeddedness in gender systems and cultural beliefs, but it also helps us to get significant insights into the inner, interactional and emotional mechanisms through which individuals, by doing care, open the doors to social change. Like all works based on interpretation, this work is not meant to be exhaustive or conclusive. It is instead open to the readers' own interpretations and, above all, it is meant to initiate a dialogue with scholars interested in shaping new theories and new methods of inquiry to understand the phenomenon of care as well as the sociological and political relevance of emotions in our life.

Notes

1. Defined as unpaid, non-professional care of a physical, emotional and social nature that is provided by adults within the context of families, relationships and intimacies.

2

Towards a Reconsideration of Current Theoretical Perspectives on Care

Far Away, So Close...

Robert (40) is a happily married man, father of three children, project manager in a large corporation, slightly torn between his career ambitions and his family, between his intention to mark an important turning point in his professional life and his effort to equally share childcare responsibilities. Eliza (48) is an adoptive single mum who works as a programme analyst for an urban regeneration project association promoting and supporting social and economic justice for low-income women and their families. Kendrick (47) is a freelance executive manager, working part-time for two large non-profit organisations and full-time as an adoptive single father of an eight-year-old son. Kendra (39) is a part-time researcher for a well-known research institution, mostly working at home, where she is also a full-time mom of two daughters and about to deliver her third child; she is married. Keene (43) is a happy stay-at-home dad of three small kids, married to a physician working for a pharmaceutical company; at the time of the interview, he did not exclude the possibility of going back on the job market after several years, but is very satisfied with the current care arrangement. Brenda (37) is a part-time teacher at the university where she is completing her PhD in

Education; she is the adoptive mother of a five-year-old son, waiting to adopt her second child and sharing her care responsibilities with Sydney, a lawyer who is working as a full-time teacher in a local high school. Stephan (40) is a French artist trying to realise his own version of the American dream in a wealthy small town in Pennsylvania, where he shares both the joys of a quite comfortable life and the challenges related to unresolved visa issues of his partner Claude. Stephan and Claude have two biological children: a five-year-old son, whom Stephan had with his sister's female partner, and a newly born daughter, whom Claude had with Stephan's sister. The mothers and two children live in France and Stephan and Claude regularly visit them; they also come to the United States for a few months, whenever they can. Thus, the children live partly with the four parents and partly with the two mothers. Despite the distance and the relatively complex and unusual family structure, the four parents seem to have found a reasonably acceptable balance to manage their shared custody and care responsibilities.

These people are only some examples of the extremely rich kaleidoscope of caregivers I met, interviewed and spent time with during my two-year research on care and full-immersion in the phenomenology of care. What do all these people have in common? How might their different biographies, life choices, family and care arrangements intersect with each other? Why should we rely specifically on them to introduce our phenomenological journey around "Care"? What can they tell us about care and its multiple and not-so-visible implications? How can they help us visualising the several reasons why we might need to rethink care and our theoretical and methodological approaches to study such a crucially important phenomenon of our lives?

Let's start by looking at some of the common denominators of these—in many respects—extremely different types of caregivers. The majority of these people belong to the middle class or upper middle class.¹ They all live in the Philadelphia urban area or in its immediate surroundings. They are all involved with care activities and responsibilities, and, with the exception of Keene, the married stay-at-home father, they all have full-time or part-time jobs. But, most importantly, all of them have made quite clear and mindful choices concerning the balance they have chosen to achieve between *care* and *career*; or better, each of them, in a different

and creative way, has strived to work out a suitable balance between their care- and career-related obligations; a balance that could allow them to keep together the pieces of their existential puzzle in a relatively rewarding and satisfying way. These persons are no exceptions nor are they exceptional: they are just a few examples of caregivers taken from the sample of dozens of people I met and interviewed during my research, in which I studied the complex emotional and practical implications of care by focusing on different care arrangements as they emerge in different kinds of family contexts and other forms of intimate relationships. What exactly are individuals doing when they engage in care work? What are the multiple symbolic and social implications of care? How do such social and symbolic implications affect the different types of caregivers? How does care work intertwine emotional/inner processes and public/outer processes involving power and status dimensions? How does it open up new and unexplored possibilities for social inclusion and social change?

This book addresses these questions, pointing in particular to the ways in which day-to-day care activities and routines shape people's actual and perceived status and positioning in society and their emotional well-being. For example, Eliza, the adoptive single mom, in the past did not embrace the prospect of career advancement because she did not want to alter her balance between work and family time. At the time of the interview, she did not have any regret about her choice; on the contrary, she was considering adopting a second child and even caressing the possibility of having a partner if she met the right one. Kendrick spent several years doing business before he decided to adopt a child as a single man. In order to realise his parental desire, he left both his successful career as a businessman and his partner, who was not keen to have a child. When I met and interviewed him, Kendrick was an extremely successful manager, and his career pathway allowed him work flexibility and even the possibility to switch from one managerial position to another. He too had never had any regret about his care choices; the only complain he had at the time was that he had still not found the right partner for himself and a father for his son.²

Kendra—another example of working mother I met during my research—was married to a full-time trainee physician whose night-shift packed schedule hindered him from being present at home and

collaborating with care tasks as much as he would have liked. As a consequence, Kendra's work and care activities were extremely challenging, especially because she did not have a substantial and close network of people she could rely upon in case of need. At the time of the interview, she liked her job very much and she was trying hard to keep the right working pace within a highly competitive environment; but she did not complain about the difficult juggling of care and work, and, despite the evident challenges, she described herself as a very happy and fulfilled person. Keene was happy that his wife's income allowed him to stay at home taking care of their three children. Whilst he did not exclude the possibility of joining the job market again in the future (he wanted to open a bakery and sell homemade bread), this prospect did not seem to be one of his main priorities when I met him. He described himself as utterly satisfied with the care arrangement he had agreed with his wife, that is, that he would care for his three children, bring them to school and day care, take care of the house, cook the family meals and so on, while his wife, whose income was higher, would work full-time as a physician.

Despite the manifest difficulties these people met in reconciling their care and work responsibilities, they all described themselves as emotionally and psychologically gratified and thoroughly satisfied with their private lives and existential choices. In this book, I argue that precisely these private and emotional processes are relevant to public and structural processes that involve status and power dimensions, such as social inclusion/exclusion, status membership, citizenship and social change. From the theoretical point of view, this study draws on those aspects of the sociology of emotions that explain inequality in terms of emotion-based processes which occur at the level of micro-situated interactions (Barbalet 2001; Clark 1990; Collins 1990, 1993, 2004; Gordon 1990; Hammond 1990; Hochschild 1979, 1995; Katz 1999; Kemper 1978, 1990; Scheff 1990; Smith-Lovin 1993; von Scheve and von Luede 2005). More specifically, it is based on Collins' theory of Interaction Ritual Chains (2004), according to which the fundamental mechanisms defining both the individuals' interconnections and their positions in society (i.e. their statuses) possess an emotional nature rather than a merely economic, cultural, social or political one.

The idea is intersecting *care* and *emotion* and analysing less explored and less visible dimensions of care-related inequalities: the inequalities which emerge from and are related to the emotional dynamics revolving around care. For example, parenthood and parental care are conventionally constructed and thought as typically heterosexual, leaving sexual minorities out of the picture. Thus, one of the aims of my research was shedding light on the interactional and emotional dynamics through which care can produce forms of inequality which are not (only) related to the care activity in itself but rather to the feeling of *entitlement to care* or its lack thereof. This involves showing the real variation within the socially constructed categories of gender and sexuality and their complex interactions with the *lived* and *felt experience* of the phenomenon of care. In other words, this involves suggesting a more inclusive and reliable *phenomenology of care* and examining its multiple implications in terms of status inclusion/exclusion, entitlements and responsibilities.

The literature on care tends to pay more attention to its “costs” and to define care in terms of *duties* and responsibilities rather than in terms of *rights*, neglecting the implications in terms of exclusion that those who are denied such rights may experience. As a corollary of this, care-related policies tend to be defined in neutral terms, reinforcing inequalities based on gender, class, race/ethnicity, age, ablebodiness and sexual orientation. Current studies and theories on care tend to be concerned with the uneven distribution of care between men and women and to refer themselves to the traditional nuclear and heterosexual families, portraying care mainly in terms of individual and collective burden. As a consequence, they do not seem to entirely capture the manifold meanings and implications of care.

The meaning of care cannot be taken for granted. It can have very different resonances in different cultural contexts and is frequently inflected by hierarchies of gender, race, marital status and sexual orientation. Within UK and EU social policies, for example, “care” is highly gendered, whereas “work-family balance” policies tend to be framed in gender neutral terms. Moreover, while social scientists have frequently glossed “care” as a form of “diffuse enduring solidarity”, this ignores the dynamic trajectories that “care” can take. The emotional tenor of a caring relationship changes through time and can encompass sentiments as

diverse as affection, love, pity, resentment, bitterness and hatred. To understand these sentiments, we need to examine the full range of factors and social actors influencing the forms relationships take and to investigate how the emotional trajectories of relationships may vary across different cultural contexts, between “heteronormative” and “non-normative” relationships, within and beyond the intimacies of “the family” and within emergent new patterns of intimate relationships around the world.

The experience and interpretation of such complexity and modularity fulfil or prevent aspirations, forging new kinds of “caring” (or uncaring) selves and “cared for” selves that go on to be social actors in a host of other situations. It is therefore increasingly recognised how important understanding the lived experience of care and the multiple factors that shape this experience can be: a major intellectual and moral development with significant interdisciplinary implications. A nuanced understanding of what care might encompass in highly specific contexts—the kind of insight that qualitative research provides—enriches and revitalises important current debates within social sciences, but also in the field of social policy, as public policies and political rhetoric in Western societies keep shaping the kind of families which it is possible for public services to recognise and support.

Care environments are places where dynamics of inclusion and exclusion are constantly formed, often invisibly. These dynamics are supported and/or hindered by the *felt experience* of care. Emotions are key to show the grey areas connected with the concept of care and challenge conventional assumptions that associate care with ideas of burden, stress and inequality, neglecting the energising, empowering aspects of it but also its *full* implications in terms of social inequality and social exclusion. Care work may be in fact connected with physical, emotional and psychological exhaustion but also with gratification, reward, self-empowerment and status membership. The focus on emotions in informal care is a necessary step to show the ambivalences and the grey areas connected with this concept and to challenge the assumption that care often corresponds to burden and stress and/or is associated with accidental circumstances. Caregivers experience both positive and negative emotional states in care situations; however, there has been considerably less published work on the rewarding and energising aspects of care, and further studies on this

may help us broadening our understanding of how to reduce the degree of burden related to care while increasing its positive aspects³ and its multiple potentialities in terms of social inclusion, social justice and civic entitlement. By shedding light on the less visible and less investigated nature of care and its deep connections with emotions, I will shed light on the latent purposes of care, purposes that diverge substantially from the manifest purposes of tending to and looking after someone.

This book illustrates the emotional implications of *informal care*⁴ by focusing on different kinds of care arrangements, as they emerge in different kinds of family contexts and other forms of intimate relationships. Partners, relatives and friends are the most important providers of informal care; their practices and peculiarities provide a fundamental basis to understand this universally shared experience and to shape new approaches to study this complex phenomenon within the context of our rapidly changing societies. To get closer to the core of its nature, different approaches are needed, based on the collection of new high-quality data, focusing on detailed narratives and *thick interpretations*⁵ of individuals' care experiences and including in the analysis new and creative ways to become a parent or to make a family. By definition, what comes into play with care is something that cannot be subsumed under any kind of statistical generalisation without the risk of failing to catch subjectivity as well as "the essentiality of contingencies",⁶ a term I borrow from Jack Katz (1999, 2001). Care cannot be fully understood or explained without considering how it is experienced by the different social actors directly involved and what it means for them. I embrace here the Goffmanian stance according to which situations and interactions have conceptual priority over individuals and their aggregates, and I claim that *credibility* rather than *validity* is the criterion to assess the ideas developed in this work and put the readers themselves, as Becker maintains (2001), in the condition of ruling out competing hypotheses by means of an accurate, fine-grained and thorough analysis of the data.⁷

There is now an extensive body of literature on care that I will not attempt to summarise here. In the remaining part of this chapter, I will review some of the most significant feminist debates on care, the concept of the *rationality of care* (Waerness 1984), the theoretical distinction between *caring for* and *caring about* (or the *care as work* or *act of love*

debate), the sociological, political and ethical spheres involved in care work and the limitations of classic and current analyses which are still largely focusing on gender and essentialist accounts of care. At the end of the chapter, I suggest the necessity to formulate innovative theoretical and methodological perspectives on care by going beyond gender and its essentialist narratives. However, before doing that, I need to describe the research sample and methods on which this study was based.

Who Are the Caregivers in the Study? Sample and Methods

Between the winter 2006 and the summer 2007, I met and interviewed 80 caregivers, mostly living in the Philadelphia urban and suburban areas. The research was based on a multi-method, phenomenological approach, which included semi-structured in-depth interviews, participant observation, diaries, online discussion forums between members of parents' associations, ongoing conversations with the interviewees beyond the interview context, key-informants' interviews, secondary sources on informal care and parenthood collected from adoption agencies and local associations, journal and newspaper articles and the web. All this, in order to get an empirically grounded, situated and thorough understanding of informal care, analysed in a variety of contexts.

The sample was diverse mainly in terms of respondents' sex, sexual orientation and marital status; on the other hand, it was relatively homogeneous in terms of social class and type of care. The principal type of care involved in my study was childcare. I also included some cases of elderly care in the picture because I wanted to have a broad, panoramic snapshot of the phenomenon of care, which excluding elderly care would have impeded. However, the main focus of this book is parental care, and more specifically same-sex parental care, for the reasons that I illustrate in what follows. Parenthood is increasingly becoming a carefully planned choice for many people, especially within the context of middle-class and upper-middle-class families to which the subjects of my research belong. For gay and lesbian parents, though, the element of choice is more evident

and compelling as they usually do not become parents by chance. On the contrary, their paths towards parenthood are often difficult, painful and complicated. The ways in which gay and lesbian couples become parents vary, and most of them have to clear obstacles that are rarely faced by their heterosexual peers. Their inclusion in a study on informal care was thus fundamental for a number of reasons. Firstly, gay and lesbian parents have been largely excluded from “normal” research on informal care and particularly parental care. When included, they have been taken into account either in a comparative perspective, to focus on the differences between gay and heterosexual parents or caregivers, or in an exclusive perspective, to focus on the specificities of their experiences as caregivers (Clarke 2002, 2007; Fenge 2010; Kurdek 2006, 2007; Mallon 2004; Muraco and Fredriksen-Goldsen 2011; Nelson 2007; Stacey 2006). Further, no studies have ever considered how and under what conditions the parent’s sexual orientation can produce dynamics of inclusion/exclusion based on the *emotionally felt* and *lived* experience of care. Secondly, gay and lesbian parenthood can represent a key site to visualise the crucial role of emotion in the reproduction of social inequality. A number of studies have addressed issues connecting the economic and emotional resources and well-being of gay and lesbian parents or couples with their openness about sexual orientation, their experiences as same-sex couples or the emotional support received from family and friends (Kurdek and Schmitt 1987; Patterson 2000; Weston 1997; Weeks et al. 2001). Yet, these studies tend to limit their analyses to an assessment of psychological health or stress without explicitly connecting the different emotional outcomes with the themes of inequality, entitlement and status membership. Thirdly, gay and lesbian parents can be crucial in understanding the link between *agency* and *structure*, between micro-situated (inter)action and macro-structural inequalities. Finally, I considered their inclusion as central to reopen the discussion on both care and gender by means of broader, more inclusive approaches that challenge heterosexuality as the norm. The intention was to avoid reproducing an ideologically tainted discourse on informal care and to instead widen the perspective on care by getting closer to its more complex nature.

The purposive sample was eventually enlarged through snowball sampling. Within the sample of 80 caregivers, there were exactly 40 men and

40 women; 42 caregivers self-identified as gay and lesbian. About one-third of the participants were single and approximately two-thirds were married or in a couple relationship (see Table 2.1). All participants, except for two African-Americans and one Asian-American, self-identified as White/Caucasian (Table 2.2). Age of the participants ranged from 25 to 65 with a mean age of 40.9. Age of the children ranged from 3 months to 13 years. The duration of face-to-face interviews ranged from 1.5 to 4 hours.

Both research methods and the characteristics of the caregivers are described at length in the book Appendix; however, in order to have an overall idea of the respondents' cultural and economic background, more than 80 per cent of respondents had obtained at least a Bachelor's degree, and approximately 80 per cent of them had a total income of at least \$60,000 (see Table 2.2).

The rationale behind the main focus on middle- and upper-middle-class subjects is also discussed in the methodological appendix. Suffice it to say here that what makes the observation of middle- and upper-middle-class subjects particularly significant is related to their key role in producing and reproducing "gender differences in behaviour and culture" (Collins 1992: 213). Middle- and upper-middle-class subjects control the production of behavioural standards most valued in advanced industrial societies and tend to define ideas of masculinities and femininities, valued styles of family management and gender-based division of labour. Collins noted that much of the work women do in the household is the reproduction of Weberian *status cultures*, while men readily allow their wives/partners and other women around them to do this Goffmanian work for the household unit.

Table 2.1 Respondents by sex, sexual orientation and current relationship

	Non-gay		Gay		Total
	Men	Women	Men	Women	
Partnered	14	15	13	17	59
Single	4	5	9	3	21
Total	18	20	22	20	80

N = 80

Number of men: 40; number of women: 40; number of gay subjects: 42; number of non-gay subjects: 38

Table 2.2 Characteristics of the caregivers interviewed, 2005–2007

Characteristic	Number	Percentage
Sex		
Male	40	50%
Female	40	50
Sexual orientation		
Gay	42	52.5%
Non-gay	38	47.5
Other	—	—
Ethnicity		
African-American	2	2.5%
Asian-American	1	1.2
Caucasian	77	96.2
Current relationship		
Partnered	59	73.7%
Single	21	26.2
Type of care		
Childcare	66	82.5%
Elderly care	9	11.2
Both childcare and elderly care	5	6.2
Number of people cared for		
One	53	66.2%
Two	18	22.5
Three	8	10
Four	1	1.2
Social network		
Very poor	8	10%
Poor	26	32.5

(continued)

Table 2.2 (continued)

Characteristic	Number	Percentage
Rich	34	42.5
Very rich	12	15
Education		
High school	1	1.2%
Some college	12	15
Bachelor's degree	18	22.5
Master's	22	27.5
PhD	27	33.7
Total income (includes both partners' incomes, when in couple)		
\$ 15,000–30,000	1	1.2%
\$ 30,001–45,000	6	7.5
\$ 45,001–60,000	9	11.25
\$ 60,001–75,000	20	25
\$ 75,001–90,000	5	6.2
\$ 90,001+	39	48.7

The transformation of status cultures certainly involves the overcoming of stereotypes linked, for instance, to the customary ideas of motherhood and fatherhood, of which much evidence has been found already; but it also involves a number of other elements at different levels. One clue, for instance, is provided by an aspect of social change that is very apparent in the last decades but that has still not been carefully investigated. The tendency for older standards and rituals of deference and demeanour to disappear and be replaced by much more informal styles—which Collins refers to as the “casualness revolution”⁸—could be, for instance, reframed in the light of new standards defining what it means to be “a good father” or a “good mother”. From a Goffmanian point of view, these shifts in demeanour involve several aspects; most importantly, backstage has been rather deliberately projected onto the frontstage. By bringing into public discourse talk about the importance of equally shared care responsibilities and of nurturing/expressive behaviours from both men and women, backstage becomes frontstage, as if the current standard of demeanour was to excel in how much the backstage can be projected.

One of the visible changes of upper-middle-class status culture thus seems to be its progressive replacement by a sort of reverse status culture: individuals show their high standing by how strongly they reject and reverse traditional upper-middle-class demeanour standards. One possible hypothesis is that men have reacted to the demands for increasing equality in household care activities by redefining the standards towards a more minimal level. Similarly, women may have reacted to the discouraging change in men’s standards of care by redefining both their work and care standards, although, quite often, at the expense of their own well-being (England 2010; Hochschild 1989, 1997, 2003). Both men and women are changing, but they follow different social agendas and produce different outcomes. The result is a continuing gender gap in the domestic sphere, even as the standards by which it is judged are changing. Middle- and upper-middle-class families are the place where these standards seem mostly to be set, and also where the changes in the standards are especially manifested. Moreover, as a few scholars have already highlighted,⁹ middle-class families have rarely been submitted to close and attentive scrutiny despite the influence that they have in spreading cultural and behavioural

models and despite the fact that much has been written about resistance and opposition to dominant and pervasive culture.

All the interviews were transcribed verbatim, coded and entered in N-VIVO7, a software programme helping to organise and formalise the analysis of qualitative data. The analysis was guided mostly by what Denzin (2001a) calls *interpretive interactionism* and other scholars have called interpretive phenomenological analysis (Smith 2004; Smith et al. 1999). This approach was used to build a phenomenology of emotions revolving around (parental) care through the thorough, fine-grained analysis of the information collected at the micro-level. One of the several analytical steps of this approach involves repeated reading of the interview transcripts and diaries, resulting in annotations concerning key concepts, general themes and common patterns. Once this process has been repeated with each transcript several times, the resulting set of themes is connected with recurrent patterns across the transcripts to produce a final set of broader themes. The findings, thus, form a coherent narrative grounded on data, an emotional map, a composite framework of the phenomenon analysed, but they cannot be generalised to the entire population. In this sense, *credibility* (Becker 2001)—rather than validity in the dogmatic sense in which it is often proposed—and the *social significance* of my findings—than their statistical significance—become the criteria to assess the persuasiveness of the analyses developed in this kind of qualitative work, since statistically significant differences might be socially insignificant and socially significant differences might not be revealed by statistics (Epstein 1997; James 1997). Furthermore, an excessive emphasis on techniques of data collection and analysis is probably misplaced in qualitative research precisely because the potential contribution of such research lies in acts of interpretation, convincing reconceptualisation of a phenomenon and dialogue within and across fields and disciplines.

Quite obviously, by no means was the sample supposed to be representative of the entire population of the American middle- and upper-middle-class caregivers: I was interested in the representativeness of *situations* and *processes* rather than that of individuals. Each specific case did not need to be representative of the general population of which it was supposed to belong: for example, a gay man was not supposed to be

representative of “all gay men”, nor a single woman representative of an alleged population of single women and so on. Each case should be rather viewed as a sort of *simulacrum*, a miniature coherent world in its own right and with its own specific characteristics. In other words, what I was looking for was to make generalisations about processes, not populations (see also Becker 1990). It was nonetheless crucial that each case presented specific characteristics, and that such core characteristics functioned as a replicable pattern by which future cases could be defined. The essential peculiarities of a phenomenon such as care cannot be clarified without showing how its invariant themes are translatable in variant possible ways, and in the social sciences the “essences” are never context-free. The level of generality or invariance in social sciences is thus not necessarily universally applicable, but it applies within similar contexts: the scientific concern of *credibility* is therefore satisfied by detailing each of the invariant themes and by giving examples of how, where and in what circumstances they took place with reference to the particular experiences of each respondent.

The ways in which I found the respondents composing my purposive sample are diverse. I contacted numerous day cares and infant centres, local associations and community centres, and I posted flyers and placed notices in several local gay associations, bookstores and centres. At first, I managed to meet and interview mostly heterosexual caregivers and only subsequently, after several months, I could finally find a good number of gay caregivers. I was then able to contact the rest of the interviewees mostly through word of mouth and snowball sampling.¹⁰ More detailed information about the sample, the rationale underlying my methodological and epistemological choices, the characteristics of the in-depth semi-structured interviews and the other instruments used for this research are presented in the Appendix.

Guided by the necessity to take a fresh and more inclusive look at the phenomenon of care and to approach the project without preconceived notions about what I would find, I opted for a method of research known as *Grounded Theory* (Glaser and Strauss 1967) which could allow me to discern common patterns, define key concepts and modify constantly the strategies as required according to what emerged from the preliminary findings.¹¹ In terms of selection criteria, the respondents were supposed

to have a job and, at the same time, important care responsibilities. Then I needed to have a reasonable distribution between the different sub-categories: male and female, gay and non-gay and single and partnered caregivers. Beyond these explicit and common requirements, I did not put any other specific limitations on the composition of the purposive sample, even if living in comparable (urban or suburban) contexts, although not a strict prerequisite was a desired condition. After this necessary parenthesis on research methods and sample, it is now time to review what the literature tells us about care.

What Do We Know About Care?

Care is a universal experience, a fundamental component of people's life, survival and flourishing, with significant sociological, philosophical, political and moral implications (Barnes 2012). Most human activities, from birth up to the last steps of our existences, start and end through care. All of us at one time or another have provided assistance to or received help from others and, most likely, will have to deal with care in the future, either directly or indirectly. Yet, despite its universality, the fluid character of its definition—at the intersection between informal communities and formal organisations—makes the phenomenon of care quite problematic and in need of further specification. The classic cultural and social categorisations do not capture *care* entirely, as care transcends the typical distinctions between work and leisure, public and private spheres, and productive and reproductive relations, making it difficult to conceptualise it in a clear-cut way.

The complex nature of care leaves open several unresolved contradictions, notably those connected with the gendered definition of private and public spheres. Many arguments about care and gender emerge from a misleading dichotomy: women's world of expressiveness and care, on the one hand, and men's world of instrumentality and rationality, on the other. In this way, they tend to reproduce deceptive distinctions—if not overt oppositions—between the two worlds of sentiment and rationality.¹² Some early care theorists emphasised the emotional components of care, describing care as meaningful and fulfilling to many women and

viewing care as a model to be extended to the larger social arena (Gilligan 1982; Ruddick 1998). Other scholars emphasised the practical/material components of care, describing care as oppressive to women, who are compelled to provide care by a variety of material and ideological forces (Finch and Groves 1983). Kari Waerness (1984) attempted to overcome the dichotomies characterising care introducing the concept of *the rationality of care*, which includes both emotion and rationality without being restricted to either of them. In her seminal article inspired by Hochschild's concept of the *sentient actor* (1975), Waerness suggested that the subject caregiver has to be both *thinking* and *feeling*, and that this image of a social actor as more than a bloodless calculator or a blind expresser of uncontrolled emotions was the most adequate to analyse phenomena like care and caregiving. In order to give us a better sense of how the *rationality of care* differs from scientific rationality, Waerness described how learning in the context of motherly care, as an ideal type in the Weberian sense, differs from learning in the context of science (1984). Whereas in the context of science "one understands from the position of an outsider" and predictability, generalisability and control constitute the scientific criteria for success, in the context of everyday motherly care "one has to think and act on the level of the particular and individual [...] and to understand from the position of an insider" (1984: 197). Recognising the intrinsic value of the rationality of care involves, among other things, creating the conditions for making individuals' personal knowledge and practical experience a more important component in the care system "at the expense of professional and bureaucratic control and authority" (1984: 204) and giving women voice and decision-making power on the basis of their intellectual contribution in understanding care and direct experience as primary caregivers in the private domain.

Waerness' ground-breaking concept, however, did not manage to produce a radical paradigm shift within the classic sociological thought, which still tends to conceptualise emotions and rationality as mutually exclusive and strongly gendered and to undervalue the role of emotions to understand social structures and social processes. Within the classic sociological tradition, even those sociologists who did not necessarily conceptualise emotion and rationality as radically opposed to one another were still inclined to separate them analytically.¹³ As we will illustrate and discuss at

length in the fourth chapter, a growing body of literature within the field of the Sociology of Emotions developed over the last 35–40 years has shown the crucial role of emotions in connecting micro- (i.e. interactional) and macro-(i.e. structural) levels, explaining social structures in terms of *emotion-based processes* which occur at the level of micro-situated interactions (Barbalet 2001; Clark 1990; Collins 1990, 1993, 2004; Gordon 1990; Hammond 1990; Hochschild 1979, 1995; Katz 1999; Kemper 1978, 1990; Scheff 1990; Smith-Lovin 1993; von Scheve and von Luede 2005). Nonetheless, both the macro-structural relevance of emotions and their key role in visualising and, possibly, overcoming current unsolved contradictions which characterise the complex nature of care still require further theoretical development.

Definitional issues add an extra layer of ambiguity to the complex nature of care, as expressions like “care”, “caregiving”, “care work”, “caring” and “caregiving labour” are often used by scholars to designate either the same concept or completely different notions. Moreover, there is still no internationally agreed definition of care work, and no consensus about the extent to which it is helpful to draw lines between care that is done at home (*informal care*) and care that is done in the context of paid work (*formal care*). However, a preliminary conceptual distinction between professional/paid care carried out by professional caregivers, on the one hand, and non-professional/unpaid care carried out by relatives, friends and other voluntary caregivers, on the other, seems to be helpful here, at least to clarify the specific focus of this book. Conventionally, everyday care for children, older people and other adults who need assistance is part of what current literature qualifies as *informal care* and that is separate from *formal care*, which includes professional care and other forms of qualified and paid care work. A substantial part of the feminist literature (e.g. Ungerson 1995) suggests that both the conceptual and empirical boundaries between formal and informal care are dissolving in ways that have gendered impacts. Yet, the theoretical dispute on the dissolving boundaries between the two kinds of care still seems to be open (Graham 1991; Thomas 1993; Ungerson 1995, 1997; Himmelweit 1999) and in what follows some of its main dimensions will be outlined.

Between Labour and Love: Caring for and Caring About

One of the common themes characterising sociological theories on care is that, in broad terms, this concept encompasses both instrumental tasks and affective relations, ranging from activity to ethics, that is, from *taking charge* of the physical and psychological well-being of others up to *feeling concern* for others' well-being (Arnlaug Leira 1994; Graham 1983, 1991; Kittay 1999; Kittay and Feder 2003; Noddings 1984; Ruddick 1995; Thomas 1993; Tronto 1994). According to these premises, *caring for* is used to indicate when a person is literally attending to another person in need of care and *caring about* refers instead to those aspects of care related to being and feeling emotionally concerned about someone else's well-being. Early work discussing care as a field of feminist studies defines care within two different and distinguished modes of transaction: *love* on the one hand and *labour* on the other. Feminist scholars emphasise the unpaid work of kin and dependent people within the private spheres of families and households and indicate the way in which social policy reinforces the disadvantaged and subordinated position of those who care for the family (Graham 1983; Ungerson 1983).

Shaped in large measure by the social policy climate in which it was taking place, early and middle feminist literature on women as caregivers by default follows a very distinctive trajectory into the mainstream literature on care. By focusing, in particular, on the exploitative nature of women's traditional roles in modern industrialised societies, feminist scholarship increasingly questions the idea of care as a "labour of love" and stresses the necessity to deconstruct the concept of care all together as well as to challenge the assumption that care embodies labour and love in harmonious integration.¹⁴ The case is consistently made to consider the role of caregiver as a female one and the consequences of that role in terms of social inequality. Rather than doing a broad structural analysis of everyday work of reproduction within families, most early feminist research on care focuses on one form of care (unwaged care by relatives) and one structural division (gender), described as the dominant system of social relations which shapes the organisation of care. The ways in which

racial, ethnic and class divisions are embedded in everyday reproductive work are largely absent from the first works on care.

As early as the mid-1980s and during the 1990s, a substantial body of feminist scholarship makes the case for a more extensive and inclusive view, suggesting that the original dualism that neatly distinguishes between formal and informal care, although of fundamental importance to show the similarities of paid and unpaid work and the ways in which unpaid work affect women's opportunities for paid work (Graham 1991; Thomas 1993; Ungerson 1990), is increasingly dissolving and that the boundaries between private and public domains are increasingly vanishing. Acknowledging both the theoretical and empirical importance of these first seminal works,¹⁵ several scholars begin nonetheless to reflect on their limitations, arguing that the dual perspective had resulted in a partial and fragmented picture of care in society which neglects the differences among women and the intersections with race and class issues. Graham (1991), for example, highlights the way in which some forms of (private) care are waged in practice by illustrating the case of domestic service within the domestic sphere, where race-, class- and gender-based social divisions are reproduced through women's experiences of looking after families. Leira (1994) discusses how the extent to which the provision of care for dependent persons is perceived as public/collective concern or as a question of individual responsibility determines the different meanings and implications of care. Defining care as a private concern—combined with the gendered division of labour—means excluding women from a series of entitlements and benefits and reproducing a “gendering of the social rights of citizenship” (1994: 199). In general, feminist scholars emphasise the risks posed by a rigid conceptual dichotomy between private and public spheres, between informal care (unwaged and based on affection) and formal care (waged and professional), suggesting that a logical and qualitative difference between formal and informal care is difficult to maintain both theoretically and empirically since they both include elements of *love* and *labour* (Ungerson 1990).

While a general agreement on the necessity to overcome major dualisms or dichotomies characterises these early works, ideas on the role and place of care in women's lives are far from homogeneous. The debate between those scholars who emphasised the emotional, meaningful and fulfilling

aspects of care—viewed as a potential benchmark to be applied also to the public sphere (Gilligan 1982; Ruddick 1998)—and those who instead emphasised the oppressive aspects of care—viewed as one of the many patriarchal practices reproducing gender inequality (Finch and Groves 1983)—ended up recreating that same dualism and dichotomous thinking which was meant to be overcome. In fostering such dualism, these perspectives reproduced reified or essentialist accounts of care, accentuating the socially constructed aspects of the concept. Ignoring the material, instrumental aspects of care and highlighting mainly its affective components means reproducing essentialist arguments about care, that is, describing care as something that is naturally connected to people's biological and psychological motivations, inclinations and needs. Within the context of care, essentialist accounts assume that care and caregiving behaviours—which tend to be associated to women's roles—are “naturally” coming from inner, fundamental caring attitudes and feelings; by doing that, they tend to assign women nurturing and caring traits that should instead be viewed as problematic (Graham 1983). On the other hand, by focusing mostly on care as a political and economic relation supported by the wider system of gender divisions, the risk is to neglect the symbolic, rewarding and emotional components of care, which represent instead—as we shall see—some of its most important and distinctive aspects. Both perspectives are inadequate. The first emphasises the differences that end up being transformed into ideological constructs determining women's subordinate position in society and the second describes care mostly in terms of individual and collective burden and ignores the emotional and psychological components of care and its rewarding and empowering aspects which also involve important status and power dimensions.

Towards a Reconsideration of Current Approaches to Care

A possible way out to overcome this theoretical impasse can be found by contextualising care and analysing it into highly specific and empirical settings. In fact, whilst feminist scholars still disagree on the place and the meaning to attribute to care in women's lives, most of them now seem to

agree on the necessity to look for broader and empirically grounded definitions of care including *affective* (i.e. emotional) and *tangible* (i.e. concrete/physical) components. Thomas (1993) argues that the concept of care is broadening to include waged activities and emotional components, and that care can be provided in either public or private spheres, concluding that care cannot be envisioned as a unified *theoretical category* but rather as an *empirical* one. In other words, there is no need for conceptual boundaries and all attempts to conceptualise care are nothing but “purely empirical categories reflecting the concrete manifestations of types of activity which society recognizes as looking after people” (1993: 665). According to such perspectives, examining care within specific historical and social contexts might be the most effective way to grasp a fuller understanding of its place and meaning in people’s lives, which is precisely the objective of this book. *Care is a particular kind of work*, an activity directed to identify and meet the needs or the well-being of certain others and challenging dichotomous thinking and dualisms which oppose *head* with *heart* and *rationality* with *emotion*. Understanding care, then, requires a different type of rationality, compatible with but more substantive than the formal rationality by which orthodox economists analyse labour supply decisions. Care activities are different from but need to be integrated with other activities in both the economic and political spheres (Hochschild 1983; Zelizer 2005; Folbre and Nelson 2000), and the increasing intertwining of *love* and *labour* calls for innovative research perspectives and theoretical formulations.

The necessity to formulate new research perspectives on care is also highlighted by the ways in which gender is typically thematised within the care debates. Care possesses important implications in terms of social justice, gender equality and citizenship. Whilst several scholars have highlighted such implications, conceptualising care responsibilities in terms of universal, public concern (Knijn and Kremer 1997; Tronto 1994; White and Tronto 2004), care is still highly gendered and social policies tend instead to define the notion of “citizen-carers” in neutral terms (Barnes 2012). Informal care is a thoroughly gendered issue that possesses important implications in terms of entitlements and equal opportunities for women and men. The participation of women in paid work has become all the more dependent on their abilities to be the architects and

organisers of everyday life of the household, the family or other significant social networks. When reliable and affordable childcare services are not available, women are often obligated to make a choice between gainful employment and having children. Likewise, when flexible care arrangements for elders or frail adults are not available, the career opportunities of many women are strongly limited. The care-related gender inequality—which is a fact—is made, however, of many components and perpetuated by several factors, which seem to be quite often overlooked.

More than ten years ago, Hochschild (1995) was talking about a *stalled gender revolution*. “It is a *revolution*”—she claimed—“because in two decades women have gone from being mainly at home to being mainly at work. It is *stalled* because women have undergone this change in a culture that has neither rewired its *notion of manhood* to facilitate male work-sharing at home, nor reconstructed the workplace so as to allow more control over and flexibility at work. Caught in this stall, women have little time to care for their children and elderly parents, much less a sick neighbour. [...] In the absence of wider changes in the culture of *manhood* and *workplace*, two-job couples often suffer a micro-version of the care deficit” (Hochschild 1995: 337). In this quote, Hochschild is pointing to an important aspect, which is the necessity to acknowledge, in explaining the gendered nature of care, the role played by our notions of masculinities and femininities. In the absence of a radical change in the social definition of successful masculinity, even those (few) men who already share care work and work at home will be trapped in a *stalled gender revolution* or will continue to “come to terms with the values embedded in and expressed through the *package deal*”, which Townsend powerfully defines as the tetragonal complex whole made of marriage, children, home ownership and work (Townsend 2002: 204). The *package deal* is an essential component of the dominant cultural values defining fatherhood and masculinity in Western societies. Within the framework of such cultural values, work remains central to the engineering of the social system and to the construction of male identity and experience under present productive conditions; but no mention is ever made of care work, nor is it wondered whether being female or male, gay or heterosexual, makes any difference in living under these circumstances.

A number of feminist scholars have argued that *the collective denial of care and dependency* is central to the construction of the public world as we know it. Bringing in care means unmasking the binary gendered thought that underlies certain ideas of masculinity and femininity. As a consequence, a first step toward the revalorisation of care is a deconstruction of the existing concept of care, a process that also requires deconstructing the idea of masculinity that gives it shape (Leira 1994; Ungerson 1990; Thomas 1993). Deconstructing masculinity highlights limitations of a gender-specific ethic of care and the need to bring gay and lesbian caregivers to the frontstage of research on care. Social scientists have long thought in dichotomous terms when talking about gender and its relevance to the division of care work within the domestic sphere. Many arguments about care seem to rely on deceptive distinctions: the separate worlds of sentiment and rationality; as such, they preclude the ability to view the phenomenon in anything but a dichotomous manner.

It is time to look for new paradigms in the discussion of both care and gender as well as for more complex models able to disentangle the connections between human agency and social structures and to provide more accurate information about status and power differences.¹⁶ In order to fully understand how gender affects the emotional dynamics revolving around care and the structural patterns of inclusion/exclusion that are built through them, a careful analysis needs to advance simultaneously *throughout* and *beyond* gender. Such an analysis must be able to overcome traditional dichotomies (public/private) and gender boundaries; it must be able to show the invisible strings created by heteronormativity and reveal the understated and the exceptions that confirm the rule. It must be able to show, in other words, the actual variation within the socially constructed categories of gender and sexuality, their complex interactions with the phenomenon of informal care and their aforementioned implications in terms of social justice, equality and citizenship.

Lynn Jamieson (1998) has traced the historical emergence of patterns of intimacy as a varied combination of social/personal practices taking place in a variety of social contexts and relationships and several other scholars have showed how this work has shaped the field of family studies showing the necessity of going beyond conventional definitions of the family (Beck-Gernsheim 1999; Morgan 2011; Gabb 2008; Giddens 1992;

Skolnick 1992; Smart 2004, 2007). Other relevant work has shown the connections between different forms of intimacy and citizenship (Donovan et al. 1999; Plummer 2003; Richardson 1998; Roseneil 2010; Weeks 1998; Weeks et al. 1999; Weeks et al. 2001). Several studies of intimacy and intimate relationships have challenged the public/private dichotomy (Hochschild 1989, 2003) and, among them, Viviana Zelizer (2005) has criticised the doctrine of “hostile worlds” suggesting that what we need is a “feminist rethinking of care concerns” which focuses attention on actual care relationships in order to break down “the traditional hostile worlds dichotomies that erroneously split economic transaction and intimate personal relations into separate spheres” (Zelizer 2005: 303). In addition, there is a growing body of critical theorisations of care, intimacy and citizenship from feminist, multicultural and global perspectives that attempt to bridge the gaps between the theories and practices of care, sexuality and intimacy, providing a broader, more grounded, intersectional understanding of inequality, social inclusion and citizenship (Epstein and Carrillo 2014; Fudge 2014; Kershaw 2010; Longman et al. 2013; Parreñas 2005; Pratesi 2016; Sevenhuijsen 1998; Yuval-Davis 2007). For example, Longman et al.’s (2013) comparative, intersectional analysis of “mothering” in non-conventional mother–child relationships shows how care work and its micro-based, affective potential to shape politics of inclusion and recognition become a form of “citizenship practice” which changes hegemonic understandings of belonging and entitlement. Kershaw’s claim the “caregiving *for identity* is political” (2010) advances the debate on the contested status of care work as a form of political citizenship. Fudge (2014) discusses the extent to which universal *human rights* and *citizenship* discourses intersect when migrant workers claim for greater protection in a growingly globalised world. Epstein and Carrillo (2014) illustrate the concept of *immigrant sexual citizenship* by discussing ethnographic data from a study on Mexican gay and bisexual male immigrants to California and describing the multiple, intersectional challenges they face. Parreñas (2005) addresses transnational intergenerational relationships between Filipino migrant mothers and their young adult children and examines how families achieve intimacy across long distances by showing how economic conditions, gender and larger systems of inequality shape transnational family communication. Notwithstanding

their different perspectives and their specific foci, these visions of inequality, social inclusion and entitlement share the necessity to overcome deceptive dualisms and situate the debate on care, intimacies and citizenship within more inclusive, intersectional and interdisciplinary boundaries. Together with the above-mentioned examples, these studies represent significant theoretical advances in the study of relationships, intimacies and care and their complex intersections and implications, providing further evidence to the necessity of new paradigms in the field.

My argument in this book as well as my contribution to such necessity is that *emotions* represent a significant missing link. Emotions can explain the dynamics by which care-related inequality is reproduced situationally, beyond the rigid and reifying categorisations of sex and gender and family discourses which posit heterosexuality as the norm. By looking at the inner, dialogical, interactive, emotional dimensions of informal care, I want to highlight the necessity of an *embodied social theory of care*, one that needs not be scared of being accused of psychologism in its attempt to reconcile micro- and macro-realities of social life and overcome current limited and limiting interpretations of care. In the next chapter, I illustrate both the premises for and the characteristics of such an embodied social theory of care by conceptualising gender in terms of a fluid, contingent and “situated accomplishment” (Fenstermaker and West 2002) and by looking at the growing body of feminist scholars who have already started going beyond an exclusive focus on gender and rethinking difference and inequality in terms of their multiple and differing dimensions. I then highlight the central role of emotions in linking agency and social structures, that is, individual action and interaction, on the one hand, and the emergence, maintenance and transformation of social structures, on the other. The analytic perspective I present in the next chapter argues for a more accurate and detailed description of the person *who cares* and a broader, phenomenological approach to the issues of gender and care.

Notes

1. With a couple of exceptions.
2. This was the case at the time of the interview. After the completion of this study, Kendrick eventually met another single father and they formed a fam-

ily of four. Kendrick is one of the few interviewees with whom I managed to keep in touch for a relatively long time (a few years) after the research.

3. "Speaking more generally, a focus on work highlights care's burdens; the pleasures of caring are mentioned late if at all. 'Caring for' surely is often burdensome; the cared for are ill, disabled, and, most by definition, needy. They may be unresponsive, resentful of their plight, and critical of the care that is offered to them. But the ill and disabled can be also humorous, lovable, charming, and thankful. Frail elderly parents, even lying in the bed in which they will shortly die, are sometimes appreciative and enchanting recipients of care. And, as is evident to anyone who knows them, healthy children are often delightful and delighted. Hence it is not surprising when caregivers in propitious circumstances not only love their children, elderly parents, and ailing friends and kin, but also love caring for them and love themselves as carers. In remembering only or primarily the burdens of care, we fail to make senses of the lives of such caregivers or of their yearning for care past" (Ruddick 1998: 16).
4. Here defined as *unpaid, non-professional care of a physical, emotional, and social nature that is provided by partners, relatives or friends*.
5. According to Norman Denzin's interpretive interactionism, crucial links between personal experiences, structures and public policies can be made through the examination of experiences that are elicited as *thick description*, analysed through *thick interpretation*, and made meaningful by enfolding relevant contextual material. "Thick interpretation constructs a system of analysis and understanding that is meaningful within the worlds of lived experience. It assumes that any experience has meaning at two levels: the surface (or the intended) level and the deep (unintended) level. Meaning, which must be captured in interpretation, is symbolic. It moves in surface and deep directions at the same time. Thick interpretation attempts to unravel and record these multiple meaning structures that flow from interactional experience. It assumes that multiple meanings will always be present in any situation. No experience ever has the same meaning for two individuals. This is so because meaning is emotional and biographical" (Denzin 2001a: 17).
6. See Katz (1999, 2001).
7. Data are *accurate* "in the sense of being based on a close observation of what is being talked about or only on remote indicators"; data are *precise* "in the sense of being close to the thing discussed and thus being ready to take account of matters not anticipated in the original formulation of the problem"; and the "analysis is *full* or *broad*, in the sense of being based on knowledge about a wide range of matters that impinge on the

- question under study, rather than just a relatively few variables” (Becker 2001: 328).
8. This expression came out in the context of an informal conversation with Randall Collins. To read more on anti-status or reverse snobbery, see Collins’ *Situational Stratification: A Micro-Macro Theory of Inequality*. In: *Sociological Theory*, 18, 1, March 2000.
 9. See Lamont (1992).
 10. A purposive sample is a non-representative subset of some larger population and is constructed to serve a very specific need or purpose. A snowball sample is a subset of a purposive sample selected by relying on previously identified group members to identify other members of the same population.
 11. Whilst Randall Collins’ *Interaction Ritual Chains* (2004) is the main theoretical reference of my study, I used grounded theory as a general methodological approach allowing me to generate new theory and to change my strategy of inquiry following a process of continuous discovery and reformulation of themes, hypotheses and analytic categories. In this sense, my research approach was both *deductive* and *inductive*. The analytic strategy I used is based instead on an attempt to combine two important theoretical touchstones of qualitative methodology: *Phenomenology* and *Symbolic Interactionism*. I illustrate my analytic strategy in the Appendix of this work.
 12. “Paradoxically, by perpetuating the myth of inescapable divisions and battles between the worlds of sentiment and rationality and, of market and domesticity, hostile worlds arguments divert us from real solutions. [...] To the extent that normative discussions assume the existence of separate spheres and their mutual corruption at point of contact, those normative programs will fail to accomplish their announced objectives. It therefore matters to get the interaction of intimacy and economic activity right. Looking at coupling, care, and households we did not find separate worlds of economy and sentiment, nor did we see markets everywhere. Instead, we have observed crosscutting, differentiated ties that connect people with each other. We witnessed people investing energy and ingenuity in marking differences among their relations to each other and regularly including economic transactions in those intimate relations. None of us, we have seen, lives in segregated spheres with unbreachable barriers between our personal relations and our economic ties” (Zelizer 2005: 297–298).
 13. On the relationship between emotionality and rationality, see also Kemper (1990), Smith-Lovin (1993), Barbalet (2001), Turner and Stets (2005).
 14. For a discussion of caring as both *labour* and *love*, see Graham, “Caring: a Labour of Love”, in *A Labour of Love. Women, Work, and Caring*, Finch

and Groves (eds.), London, Routledge 1983; Ungerson, “The Language of Care: Crossing the Boundaries”, in *Gender and Caring: Work and Welfare in Britain and Scandinavia*, London and New York, Harvester/Wheatsheaf 1990; Kittay, *Love’s Labour*, New York, Routledge 1999. After its first thematisation in Finch and Groves, (1983), the usefulness of defining care as a practice that encompasses affection and labour is maintained by several theorists of care, including Abel and Nelson (1990), Tronto (1994), Bubeck (1995) and Ruddick (1998).

15. It is to the credit of the early 1980s’ feminist studies on care that respite care, support and, more recently, payment for caregivers have been effectively brought into the debate.
16. “According to a very comprehensive body of results from a number of disciplines, emotional outcomes of interaction can be predicted from a model that centres on the social dimensions of power and status. Power and status interactions directly produce emotions. Fundamental to the model is the idea that actors necessarily interpret their and others’ power and status positions subjectively” Kemper (1990: 11–12). See also Kemper (1978), Collins (1981, 1990, 2000, 2004).

3

The End of Inequality as We Know It

Isn't it crazy, with all people in the world, to put all our eggs into the one basket of a family consisting of four people? How can we create new social forms, new forms of association and solidarity that fulfil people's needs of intimacy in new ways?

Joan Williams

Differing Dimensions of Difference: Overcoming Deceptive Dualisms in Current Debates on Gender

Existing theoretical perspectives on gender are increasingly less concerned with denying or embracing difference than revising the terms in which we traditionally conceptualise it. Whenever we measure sex-related differences in the distribution of care tasks and responsibilities, we end up reinforcing oppositional categories, diverting attention from power dimensions that cut across sex-based categories. One of the key purposes of this book is to overcome the misleading dualism of gender while, at the same time, to contest the implicit heterosexism of current literature on

informal care, which explains the inclusion of gay and lesbian carers and parents. The inclusion of gay and lesbian parents¹ in the study aims to overcome both the taken-for-granted assumption that all parents are heterosexual and the limited way of using a gender lens in the analysis without considering all the different ways in which gender can be enacted and social inequality can be reproduced. In doing so, I find support in a growing body of feminist studies which have already indicated a third way: relocating difference as the exclusive focus of gender-related questions and focusing the inquiry on the differing dimensions of difference (e.g. Bem 1993; Butler 2004; Epstein 1997; Fraser 2013, 2016; Ferree et al. 1999; Gillies 2003; Holland et al. 2003; James 1997; Nixon 2011; Ridgeway and Correll 2000; Risman 1998; Taylor 2007, 2009, 2010; Travis 1992). This alternative way to conceptualise difference aims to challenge the power that dualism continues to exercise on collective consciousness, highlighting the necessity to worry less about difference and more about patterns of disadvantage or subordination.

Closely related to this alternative approach is the necessity to underscore the fundamental importance of emotions as a bridging element between agency and structure, that is, between individual action and interaction, on the one hand, and the emergence, maintenance and transformation of social structure, on the other. Therefore, another aim of this book is to provide empirical grounding to those theories in the sociology of emotions which explain social structures, social order and social change in terms of emotional dynamics that occur at the micro-level of interactions. The theoretical framework illustrated in this book draws on a large number of approaches to the sociology of emotions that have already inspired a rich research agenda, establishing important links between micro- and macro-levels of analysis and addressing the emotional mechanisms through which social bonds, social behaviour and social structures are interactionally and situationally reproduced or challenged (Barbalet 2001; Clark 1990; Collins 1990, 1993, 2004; Gordon 1990; Hammond 1990; Katz 1999; Kemper 1990; Scheff 1990; Turner 1999b, 2000). More specifically, it draws on Collins' theory of *Interaction Ritual Chains* (2004), according to which people's statuses and positions in society possess an emotional component rather than a merely economic, cultural or social one and social structures—including gender and inequality—are

constantly reproduced through emotional dynamics. I will provide a detailed illustration of Collins' theoretical model in the next chapter.

Based on these premises, the analytic² perspective I present in this book argues for a more detailed description of the person *who cares* and a broader phenomenological approach to the issues of gender and care.³ Fenstermaker and West (2002) maintain that gender—as well as other socially constructed categories, like class and race—is a fluid, contingent and “situated accomplishment” through which outcomes of inequality are often reproduced. They use the expression “doing gender”, implying that the performative aspects of gender are to be understood as a way of “doing difference”. My argument is that a careful investigation of the processes involved in *doing care* provides significant clues to understand the ways in which inequalities based on socially constructed categories (such as gender or sexuality) result from ongoing interactional accomplishments. We also saw in Chap. 2 how, together with inequality, care intersects issues of social justice, entitlement to rights and citizenship. Thus, informal care represents a strategic site to reveal the invisible, emotion-based mechanisms through which social exclusion and inequality, on the one hand, but also social inclusion, status membership and citizenship, on the other, are constantly reproduced at the micro-level of analysis.

The idea that gender-based inequalities are fluid, situated and constantly accomplished into specific settings seems to me a compelling way to overcome the current limitations of conventional studies on care in a gender perspective. In fact, this idea allows us to look at individual actions and interactions through different lenses, as a potentially continuous micro-reconstruction of non-normative definitions of sex categories, going beyond both traditional approaches to the question of unbalanced gender distributions of care work and deceiving dichotomies characterising present and past debates on informal care. As we have seen, one of the most important dichotomies affecting gender-based inequality is the dichotomy between public and private spheres and their respective moral codes or ethics. Overcoming this deceptive dualism from a theoretical point of view is one of the important tasks to accomplish if we want to reduce gender inequality and get to a better understanding of it.

Private and Public Ethics of Care

According to a large part of the current literature on care, informal care identifies a *private ethic* defined in opposition to the *public ethic* of legal justice. Some scholars have reinforced the contrast between two ethical orientations through the association of *care* with femininity and relationality, and *justice* with masculinity and rationality. Others have tried instead to overcome the oppositional logic between the two ethics and to explore the possibilities for an alternative moral theory encompassing both *care* and *justice* (without deflating either) and connecting men and women on a same level.⁴

More than 50 years ago, Betty Friedan's *Feminine Mystique* (1983/1963) set the groundwork for a cultural revolt of white, middle-class women, who started to reflect on their housewife status acquired through choice or societal expectations.⁵ Many women began to reject that status, and some of them joined the struggle of the feminist movements by starting consciousness-raising groups, discussing their sense of oppression as home-workers and rejecting the patriarchal and bourgeois values associated with it. On the academic front, as we have seen, Marxist feminists started to discuss "women's work" in the resulting debate about the status of domestic labour and to raise questions about collective responsibility and social justice. In the early 1980s, a liberal feminist scholar took up a quite different sort of consciousness-raising within moral psychology. Gilligan's *In a Different Voice* (1982) suggested that it is an "ethic of care", rather than an appeal to justice and rights, that determines women's moral judgments. Gilligan insisted that this "voice" needed to be heard, not dismissed, in ethical discussions. As a result, feminists across all disciplines, not just feminist ethicists, took up the notion of a "woman's way of knowing and caring".⁶

Since then, the particular *ethic* supposedly expressed by care work as moral work has been either firmly opposed to or tentatively integrated with an understanding of morality as something concerned also with *justice*. While a number of feminist theorists (Tronto 1987; Bubeck 1995; West 1997) have argued for a synthesis between *justice* and *care* which might overcome this deceptive dualism, others (Ruddick 1995, 1998;

Noddings 1984) seem more inclined to maintain the existence of a sharp distinction between “right, law, and justice”, on the one side, and “receptiveness, relatedness, and attentiveness” on the other (Nagel 1997: 320).

In her description of the ethic of care, Noddings (1984) simply leaves aside considerations of justice, endorsing a subjectivist model of care. Whilst maintaining the usefulness of a distinction between care and justice and recommending a shift between the two moral orientations, Ruddick (1998) seems eventually to mitigate the contrast, recognising that the oppositional definitions required by the justice versus care theoretical framework risks diminishing both care and justice. In her attempt to develop a general theory of care,⁷ Tronto (1987) suggests a “contextual moral theory of care” based on the assumption that, since morality is embedded in the cultural norms of any given society, it must be situated concretely in specific contexts and interpreted in light of the specific social actors involved. She also suggests discussing and rethinking the ethic of care in terms of moral and political theory, rather than simply as a complement to traditional moral theories based on justice.⁸ Bubeck (1995) and West (1997) maintain that it is quite difficult to imagine how an ethic of care in itself and by itself could allow for distributive justice⁹ to work within it. West (1997) points to the damage that the divorce of care and justice provoked historically, not only to women but also to our law, to our understanding of the sense of justice itself. For most of our history, she claims, our practices of care have not been regarded as necessary to the capacity to do justice, other hand, our practices and our ideals of justice have been *uncaring*, with the consequent deflation of both virtues. Bubeck (1995) criticises Gilligan’s and Noddings’ models of an ethic of care, but she is interested in expanding and revising them, provided that these models can take into account women’s disadvantaged positions and stress the necessity to avoid a romantic and repressive they have been *unjust*; on the ethic of care.¹⁰

A key challenge for all these ethic-of-care theorists is how to avoid essentialist constructions of women’s voice as victims’ voice and to include a man’s voice that is not necessarily a persecutor’s voice. By the end of the 1980s, however, a different awareness increasingly seems to take place in light of the *second shift phenomenon* (Hochschild 1989), which seems to require a synthesis of the two ethical positions, those related to *care* with those related to *justice*.

The Care Deficit and Its Consequences

In the *Second Shift* (1989), Hochschild describes the failure of a transition in progress: the transition toward men's and women's equality both in the private and the public sphere. Although women are entering and remaining in the labour force in unprecedented numbers, they continue to bear the principal responsibility for what Hochschild calls the "second shift" of housework and child care, putting in on average an extra month of 24-hour days each year in various combinations of paid and domestic work. Hochschild captures the tensions and contradictions American wives and husbands experience as they strive to cope with the second shift in the context of their differing gender ideologies, the demands of jobs and family, the reality of family economic pressures and the absence of cultural and structural supports in the broader society. Structural constraints of economic and social realities, along with the weight of normative expectations, shape the choices of working couples. Macro-level changes have extraordinary micro-level impacts within the family unit and Hochschild describes the complexities of the processes by which individuals forge a collective family strategy, as husbands and wives negotiate and renegotiate the implicit contracts between them. One of the most significant challenges that macro-level changes impose to these couples is precisely connected to the growing need and demand for care caused by recent social and demographic trends in the American society.

Describing the growing crisis in care affecting the United States and other Western industrialised countries, Hochschild (1989, 1995, 1997) coins the expression *care deficit*. Recent trends in Western societies have all increased the need for care. These trends have expanded the *need* for care while contracting the *supply* of it; that is, they have created a care deficit, in both private and public life, the costs of which are mostly borne by women. Several factors highlight the risk that *care* might reach a dead-end in our societies. As a result of well-known demographic and structural changes, such as the downsizing and instability of the family, the ageing population, the growing number of women in the active workforce, the increasing demands of work and the deficits in public economies, the challenges

national governments face are growing rapidly while their economic capabilities to respond seem to be in decline. What is worse, as Hochschild maintains, by reducing the financial deficit, legislators and politicians increase the care deficit. The consequences of current social changes in Western societies considerably influence the quality of life of both informal carers and people in need of care and dramatically increase the risk of social exclusion and inequality.

The gender gap in both the private and public spheres, and the care deficit that widens it, demands a reconciliation of the private *ethic of care* with the public *ethic of justice*. By reframing the question in these terms, we shift the focus of the analysis on the *politics of care*, which underlines the implications of the low value placed on care, the strategic importance of the social organisation of work and leisure time, and the difficult reconciliation between *labour for the market* and *labour of love*, which is still largely assigned to women. In Hochschild's view, the interplay of the wife's and husband's gender strategies and the wider social and economic pressures that impinge on them determine how couples actually divide housework and child care. The uneven effects of these pressures on men and women help to explain why the problem of the second shift is so often resolved via the working mother's "double day". To solve the problem, Hochschild invokes a national gender strategy based on the assumption that social institutions possess their own gender strategies in the same way individuals do: the way a nation organises its institutions (schools, factories, corporations, universities etc.) reflects the gendered division of labour in the family. What she suggests is a sort of "Marshall Plan for the Family" (Furstenberg 1990) that includes reduced work time for parents, sick child leave and a range of other benefits to support family life. It should be noted that many of her critical observations are disarmingly similar to what other researchers have reported over the past decades. Hochschild's study confirms findings published earlier (Rapoport and Rapoport 1978; Hertz 1986; Gerson 1987), in the same years (Finch 1989; Stacey 1990; and DeVault 1991), and later (Blau et al. 1998; Garey 1999; Folbre 2001; Fraser 2013, 2016; Fraser and Bedford 2008; Orloff and Monson 2002; Rapoport et al. 2002; Presser 2003; Jacobs and

Gornick 2002; Jacobs and Gerson 2004; among others). All these works describe the multiple ways in which contemporary social organisation simultaneously constrains and makes possible specific patterns of social relations for women.

The importance of Hochschild's contribution is a more in-depth and insightful delineation of the multiple, subtle strategies men and women employ in trying to rationalise inequality in the home. These "gender strategies" tend to be mutually developed by both spouses to explain why a more egalitarian arrangement is unnecessary or impossible. A "gender strategy" is a complex articulation of one's ideas and feelings about gender and marriage, and the actions one takes on behalf of them.¹¹ When the rationale underlying inequality is mutually accepted, marital tension is reduced. Thus, whilst previous research on the domestic division of labour has generally failed to explain the persistence of traditional role behaviour in two-job marriages, Hochschild shows the importance of a close, in-depth analysis of family dynamics and interactions in order to understand how gender inequality is constantly reproduced at the micro-level of everyday care practices. In other words, although an equal sharing of the second shift is uncommon among the couples she studied, Hochschild is able to provide insights into mechanisms for change.

Even so, and similarly to what happens with other scholars, her analyses and suggestions for change reveal some important gaps in contemporary feminist theory, among which a problematic understanding and discussion of race/ethnicity, social class and sexual orientation. All the above-mentioned works refer to heterosexual and mostly white, middle-class families, that is, to an assumed idea of family that does not include other forms of households or other, less conventional ways to make a family.¹² While these authors acknowledge their exclusive focus on heterosexual households and families, none of them seems to be interested in problematising this limitation in any way. What is missing, here, is a critical analysis of existing assumptions about "the family" and of the place that gender divisions and stereotypes, heteronormativity, the rhetoric of domesticity and the ideology of the nuclear family hold in maintaining and reproducing them.

The “Assumed” Family, the Rhetoric of Domesticity and Other Ways to Reproduce Gender

The reliance on what Fineman (2000) calls the “assumed family” risks to create serious limitations to both analysis and policy. From the theoretical point of view, assuming the existence of only one or two prevalent models of family and excluding all other forms of kinship, connections, intimacies and relationships that accomplish similar functions in terms of care and reciprocal support means ignoring a substantial component of the societal tissue and, as a consequence, completely misrepresenting the reality. From a policy point of view, assuming that the family and, in particular, the nuclear family is a distinctive, immutable, separate and autonomous institution not only means ignoring a conspicuous set of individuals and non-family contexts which are not conventionally or institutionally definable as “a family”, but also overestimating the autonomy and the capacity of the “assumed family” to handle with the everyday challenges connected to care responsibilities.

The *assumed family* is a specific ideological construct with a particular population and gendered form that allows us to privatize individual dependency and pretend that it is not a public problem. Furthermore, the gendered nature of this assumed family is essential to the maintenance and continuance of our foundational myths of individual independence, autonomy, and self-sufficiency. This assumed family also masks the dependency of society and all its public institutions on the uncompensated and unrecognized dependency work assigned to caretakers within the private family. In economic and other important public policy discussions, we focus on the appropriate relationship between market and state, with the family relegated to the ‘private’ sphere. Discussions proceed as though the policies that are designed to affect these institutions in the public sphere have only few implications for the unexamined private family. Even more fundamental, the discussions fail to grasp the fact that the actual (as contrasted with the assumed) family might profoundly affect the possibility of success and failure of policies created for the market and the state. (Fineman 2000: 14)

Changing the ideology of the *assumed family* and its highly gendered nature would require a common effort of men and women to start thinking of themselves as both carers and workers, and to transform individual/private dependency into a matter of public relevance. This involves challenging gender stereotypes within the family and unmasking the reliance of society and its public institutions on the family—be it real or assumed—and all the other typologies of carers who are taking care of a needy person. If the remedy seems conceptually clear, the actual possibilities for men and women to challenge their gender cultures and habits are severely delayed both from outside and inside the domestic sphere, where gendered behaviours connected to routine and convention end up being much stronger than any hypothetical and idealistic attempt to reach gender equality.

Some scholars underscore the double-edged sword connected to the power women have gained from their care work and housework within the home (Cahn 2000) or try to relocate the analysis of gender not in terms of difference or dominance, but rather in terms of tradition (Williams 2001). Acknowledging that men are penalised when they modify their work and care arrangements and assume nurturing/expressive behaviours, Naomi Cahn (2000) argues that a change is required not only at a policy level but also within the private sphere, where women need to give up some of the power and control they currently exercise within the family. Far from blaming women for accepting domesticity and motherhood as their primary sources of power or from accusing them of complicity in their own subordination, the author wants nonetheless to underline “the persuasive power of the rhetoric of domesticity” and suggest strategies that might help women to relinquish this historical and oppressive power while simultaneously ensuring more participation from men.

“Mothers’ power within the home has developed not only through an ideology of domesticity that celebrates women’s maternal roles, but also through women’s actual performance of childcare and housekeeping” (Cahn 2000: 179). In other words, it is not necessary to be an “angel in the house” and/or to assume a Victorian model of domesticity to get trapped in the role of primary housekeeper and caregiver—the author maintains—and it is not sufficient to be an open-minded feminist to be

totally safe from it. "Mother-work is not necessarily a fundamental part of every women's identity nor is it necessarily women's choice to perform this work; it has, however, been constructed as women's work, and many women are drawn into it. Even women excluded from the traditional conception of domesticity have taken care of the children and the home; their mother-work has been a form of power for them" (Cahn 2000: 179) as well as a source of reproduction of *status cultures* (Collins 1992). This is an important point, because it highlights many of the contradictions and unsolved issues still open within feminist debate, especially when the latter tries to explain the continuing hold of domesticity. The solution suggested by Cahn (2000) would overcome the dilemma allowing both men and women to experience power within and outside the domestic sphere, instead of diminishing the value of care and ignoring its positive aspect.

Joan Williams (2001) explains the ways through which domesticity sets the material and ideological frame of care. Domesticity is described as a gender system that historically allocated informal care to the women's sphere, defined a particular organisation of market work and family work and developed specific notions of femininity and masculinity that support a binary breadwinner/primary caregiver distinction of gender roles.¹³ While domesticity is an extraordinarily useful tool to conceptualise care and to analyse the work/family axis, the author maintains, it is not *the* key concept to understand gender. A more useful explanation of gender interpreted not merely as a system of male dominance but rather as a system of meaning that structures and connects micro- and macro-levels is represented by Bourdieu's concept of *habitus*, which in Williams' analyses is defined by domesticity. According to Williams, Bourdieu's insights into the logic of practice—by which institutional arrangements, collective representations and social/personal identities conform to durable dispositions (in this case: standard gender performances)—are more helpful than a model of gender inequality merely based on male domination. On the one hand, domesticity links feminine identity to motherhood and parental care, forcing women to come to grips with work/family balance dilemmas; on the other hand, it measures men's worth by whether or not they are successful workers, encouraging them to avoid care commitments in order to affirm their status membership and masculine identity.

The rhetoric of domesticity, the motherhood mystique and the celebration of an ethic of care as the key element of gender difference all contribute to reinforce the subordinate position of women, who are often induced to renounce their personal and social fulfilment in the name of an assumed moral mission. But these ideologies are also detrimental to those men who consider the ethic of care an important component of their personal identity, but are socially and culturally induced to focus on their career as a way to confirm their masculine identity and gain social approval. The problem then, as the author maintains, does not reside as much in the rhetoric of domesticity but rather in the ways we socially construct the concept of the “*ideal worker*” in Western societies. Restructuring workplaces by allowing the ideal worker—be it male or female—to fit with the care needs of children and elderly people is the solution to promote gender equality while at the same time avoiding sterile sameness/difference debates. We need a new feminist ethics, Williams concludes, informed by the recognition that we all have a life shaped by domesticity in a certain way, and that we all reproduce domesticity at the same time we are trying to challenge it.

We do so because domesticity is constitutive of who we are, and because it is an indispensable weapon for making feminist proposals sound resonant and persuasive even when they push the envelope. Our proposals will be neither an efficacious insurrection nor a painful insubordination, but an instable coexistence of both.¹⁴ We all are trying to avoid the most likely result, where the accumulated force of a historically entrenched and entrenching rearticulation overwhelms the more fragile effort to build an alternative cultural configuration. (Williams 2001: 1491)

Williams’ influential article appeared exactly 20 years after Stacey’s disheartened comments on the state of sociological theory when she observed: “we lack a conceptual framework, let alone a theory with any explanatory power, which will permit us to analyse paid and unpaid labour in a variety of social institutions and social settings within one notion of the division of labour, which can encompass the domestic arena of Adam and Eve as well as the industry of Adam Smith, which can articulate the home as well as the market place and the state and relate the

class order to the gender order” (Stacey 1981: 172). Since then, as we have seen, considerable progress has been made thanks to the valuable contributions of several feminist scholars. However, the links that are supposed to bridge the gaps precluding the construction of a comprehensive analytical framework based on an ethic of care and aimed at incorporating different dimensions of difference are still far from having been reached.

The lack of a broader conceptual framework to study care delays progress on several of the theoretically and empirically problematic issues outlined so far; but it also represents an opportunity to explore whether there is room for a fully developed moral theory based on the ethic of care as an alternative—rather than simply as a complement—to traditional moral theories based on justice (Tronto 1987), or whether existing theories, including more comprehensive models not directly connected with care, can be appropriately elaborated and integrated in order to overcome present gaps. Moving the centre of the debate from a mere discussion on gender difference towards a broader discourse on the adequacy of the ethic of care as a contextual moral theory developed along with the ethic of justice¹⁵ and highlighting the role of emotions represent the first steps in the direction of: (1) a more general conceptual framework to analyse care and (2) of its multiple implications in terms of equality, social inclusion and citizenship.

Bringing Emotions to the Foreground: Imagining New Theoretical Frameworks to Study Care and Its Intersections with Emotion and Social Inequality

The paradoxes and contradictions connected with the gendered definition of private and public spheres highlight the critical intellectual task to show how certain dichotomies could be transcended and how justice and care could come into a new alignment in the twenty-first century. Such a task can be undertaken through: (a) a careful reconsideration of current theoretical perspectives on care, (b) an integration of these perspectives

with some of the most recent advances in the sociology of emotions and (c) the definition of a contextual theory of care able to take into account the different circumstances and conditions by which people reproduce exclusion and inequality or, instead, create the possibilities for social inclusion and social change. A first step towards a contextual theory of care is perhaps the recognition—along with Thomas (1993)—that a more useful starting point is to define care as an inclusive empirical category rather than a theoretical one. This implies focusing the research on a clearly defined, identifiable and possibly measurable part of the whole and openly acknowledging such an epistemological stance. Many of the existing theoretical and empirical approaches claim to talk about the totality of care while they are actually focusing only on fragments of it. This is why the study illustrated in this book focuses explicitly on informal care and on a specific aspect of this phenomenon: its emotional dynamics and implications for “different” types of carers. Rather than *who does what, for whom and when*, I consider more relevant *how she/he feels* about that. I am not interested in checking the state-of-the-art of the unbalanced distribution of tasks and roles between men and women within the domestic sphere, but rather in gaining insights into the interactional mechanisms by which social inequality is daily constructed or de-constructed through the *emotional dynamics* revolving around the care responsibilities of different types of carers.

One of the central aspects that current literature on care has thus far ignored concerns the intra-subjective or inner aspects of care analysed and contextualised within the whole ecology of people providing informal care. My ontological and epistemological stance in this book is that informal care must be reframed in all its complexity as a deeply emotional, multifaceted and problematic phenomenon that is strongly related to: (1) the constant definition of self during adulthood (2) people’s reflexivity and their consequent positioning in a given social structure mediated by such reflexivity. In this study, I analyse the ways in which *thinking*, *feeling* and *doing care* affect people’s *doing* or *undoing* difference in their everyday lives. More specifically, I provide insights in the ways in which they produce gender-based inequality and social exclusion (or equality and social inclusion) through an in-depth observation and analysis of different family contexts characterised by the presence of important care

responsibilities. Regarded as problematic and changing processes rather than static and given categories, I explore care, gender and sexual orientation within the spectrum of their phenomenological nature and their multiple implications in terms of inclusion/exclusion, entitlement and, ultimately, citizenship.

Four main components may be prompted to frame a sociological discourse on the phenomenon of care: behaviours, feelings, cognitions and self-reflexivity; as the experience of care raises simultaneously questions about “what I do”, “how I feel”, “what I think” and “who I am”.¹⁶ The acknowledgment of these multiple dimensions is essential for the analysis of care illustrated in this book. The fact that these four components tend to be gendered represents an additional challenge for currently accepted analytical tools and requires the creation of new, more inclusive theoretical and methodological approaches in the discussion of care. Overstating one of these aspects—for instance, considering care as a “labour of love”—reproduces traditional ideologies connected with the romanticisation and feminisation of care. Taking for granted the ways through which women’s and men’s *doing care* are connected to their feminine and masculine identities encourages ideological falsifications that produce gendered forms of citizenship, in the same way that a taken-for-granted heteronormativity reproduces a dual and oppositional logic that should instead be discussed.¹⁷

Nonetheless, as I will illustrate, the emotional component of care represents a key element to explain people’s positioning in society, their roles, their statuses and also their civil entitlements. Thus, the main focus of this book is represented by the interactional dynamics through which the experience of care produces outcomes of emotional stratification at the micro-level that are reflected at the structural, macro-level. More specifically, this book illustrates the ways in which the conceptual categories of *gender*, *sexual orientation*, *care* and *emotion* can be more explicitly reframed as *public* processes involving status and power dimensions as well as *private* psychological and emotional processes involving comparable dimensions at a different level. For example, instead of asking what are the effects that gender and sexual orientation have on the quality and value society attributes to parental care, I asked myself: how do people think of, feel about and interact along their parental care experiences, in ways that produce forms of *symbolic*, *real* or *felt inequality*, whether intended or not?

Insignificant Others: The Strategic Importance of Gay and Lesbian Parents

Both public and private processes intertwining care, gender and emotion produce different levels of inequality based on the different outcomes in terms of status, power and emotional dynamics. The next chapter examines in detail the mechanisms through which this happens. What is important to observe here is that, whereas for heterosexual carers such processes are played on a level that involves gender and gender related inequality in a relatively unambiguous way, in the case of same-sex parents these processes and the idea of inequality involve different aspects and dimensions, including the implicit reference to the nuclear family template. In fact, this implied standard constitutes a powerful model against which a large part of men and women still measure their sense of personal worth in our societies.

On the one hand, mainstream literature on care and gender related inequality still passionately debates, from different perspectives, the old controversial question concerning the balance between work (for the market) and (work for the) family for men and women. On the other hand, there is the parallel and still relatively invisible context of same-sex parents, for whom an additional, fundamental issue is at stake, which is that of being acknowledged and valued as fully entitled parents not *despite* their sexual orientation but *regardless* of it; that is, being acknowledged as fully entitled members of a society which does not discriminate its citizens based on the privileges of hegemonic identities or statuses. Thus, for all those parents who still do not have sufficient visibility or recognition, their right to be acknowledged as fully entitled parents embodies a new frontier for civil rights which is not necessarily aligned with the agenda and the interests of other parents who, whilst have gained visibility and rights, still need to keep fighting to protect them. The strategic importance of same-sex parents and their inclusion in a study on parental care was therefore fundamental for several reasons, as I explained in the previous chapter, and as clearly resonates with more recent research on same-sex couples and parents (Gabb 2008, 2009; Gabb et al. 2013; Gabb and Fink 2015; Hicks 2011; Stacey 2005; Weeks et al. 2001;

Weston 1997). Such research, however, tends to discuss same-sex relationships and parenthood as their specific focus, rather than try to build a more inclusive phenomenology of care. Challenging an ideologically tainted discourse on parental care and expanding the perspective on it by simultaneously getting closer to its complex nature was the intention of this book.

In the theoretical framework I illustrate in this book, any form of inequality can be visualised in terms of interactive processes constantly created and reproduced in concrete settings. The *interactionist perspective* on and the *processual view* of the reproduction of inequality here illustrated allow me to visualise not only the link between agency and structure but also the link between the individuals' ongoing interactions across time and space. In line with such interactionist perspective, we can visualise how carers' thinking, feeling and acting vary not only according to the ideas, feelings, tools, norms and habits available in the specific and *real* care settings in which they are embedded but also in relation to a series of more general and *virtual* care settings where the carers can only anticipate or imagine such ideas, feelings, tools, norms and habits. In other words, the (macro-) structural level should not be thought of as an overarching entity living a separate and autonomous life but rather as an archipelago of micro-situations that create dynamics of status inclusion or exclusion and reproduce, through interactive processes, recurrent patterns and conditions of inequality (Schwalbe et al. 2000).

Inequality as Generic Process: Contextualising Inequality into Situated Interaction

The idea that inequality can only be grasped starting from the dynamic processes that produce it and that these processes need to be analysed directly, in situated action and interaction, is deeply rooted in the interactionist tradition (see also Goffman 1959, 1967). Qualitative research discussing the ways in which disparities in power and status, and punishment or reward are created and reproduced through interactional dynamics suggests several processes whereby dominant and subordinate

status groups are defined, including *oppressive othering*, *creation of successful virtual selves*, *defensive othering among subordinates*, *subordinate adaptation*, *boundary maintenance* and *emotion management* (see Schwalbe 2000). A system of inequality requires a constant presence and combination of these broad processes, which we now need to describe. The general term *othering* refers to the process by which a dominant group defines a subordinate group (Fine 1994). This process implies the creation of cultural scripts that describe what generally characterises the status membership of these categories.¹⁸ There can be several forms of othering. *Oppressive othering* is the process whereby one group explicitly and overtly affirms its moral and/or intellectual superiority over another group by virtue of a difference defined as a deficit. For example, we can think about the oppressive othering process produced and imposed by the cultural script of the nuclear family on all the unconventional forms of relationships or intimacies that are not based on the “package deal”—“marriage and two kids”—we mentioned in Chap. 2 (Townsend 2002). The *creation of successful virtual selves* is identity work typically done by élites or would-be élites; it entails the creation of powerful public selves that implicitly produce subordinate others. Among the examples cited in Schwalbe’s article (2000), a classic study showing how medical students learn to fashion and present a “cloak of competence” to foster impressions of trustworthiness and validate their status as physicians. *Defensive othering among subordinates* occurs when members belonging to a subordinate group seek membership in a dominant group or try to deflect the stigma they experience as members of the subordinate group. A pertinent example, here, may be represented by those same-sex families who either explicitly or implicitly take a distance from some of the stereotypes typically associated with sexual diversity (such as sexual promiscuity or affective instability) and embrace positions and life choices that implicitly accept the legitimacy of a devalued identity enforced by the dominant group. *Subordinate adaptation* refers to the different strategies that people endorse to handle their subordinate status. For example, there can be a process of adaptation to inequality accompanied by a negotiation with the members of the dominant group to derive compensatory benefits, the creation of alternative subcultures which allow psychological and emotional needs to be met despite subordination, and acquiescence or withdrawal which usually,

though not always, have the effect of reproducing inequality. Most strategies of adaptation have been shown to produce opposite outcomes, reproducing some inequalities while challenging others. *Boundary maintenance* refers to the strategies élites perform in order to preserve their dominant position and limit the access of the subordinate groups to valued resources. Most of these strategies are carried out institutionally (schools, police forces, banks, work organisations etc.); however, qualitative research has also highlighted three ways in which boundary maintenance is maintained through face-to-face interactions, which are transmission of cultural capital, control of access to social networks and use of violence or threat thereof. Finally, a system of inequality requires a constant *emotion management* and control of the potentially subverting emotions (anger, resentment, envy, jealousy, hopelessness, bitterness etc.) it generates. A large body of qualitative research describes people's face-to-face management of emotions and shows how emotional subjectivity can be conditioned in ways that reproduce inequality.¹⁹ Hochschild's (1983) famous work on flight attendants and bill collectors is a classic example, where the author provides a vivid discussion of "emotion management" as part of the public world of modern service occupations.²⁰ Leidner's analyses of the process and impact of routinisation by two organisations that employ service workers required to interact directly with customers or clients is another one (1993, 1999). By problematising—rather than reifying—the boundaries between work and non-work, public and private spheres, and masculine and feminine, these authors contribute to a better understanding of the relationships between gender, emotion management, identity work and inequality.

The interest in the processes through which dominant and subordinate status groups are defined resides not only in their processual and interactional character—which moves us from a description of gender (or other social categories) as a reified category to a framework that reveals the interactive and dialectical nature of the relationship between dominant and subordinate groups—but also in the fact that they can be located in specific contexts empirically analysable and interpretable. One might say that social interaction is the medium and the specificities of the cultural, normative order provide the content of the *generic processes* of reproduction of inequalities. Schwalbe et al. (2000) analyse at length some of these

processes which they call “*generic*” because they occur in multiple contexts and generate patterns and conditions that are broadly relevant to large numbers of people. Their key work provides a useful and comprehensive review of the literature on inequality based on qualitative and interactionist approaches. These approaches have shown the ways in which inequalities are created, the ways social actors can simultaneously reproduce or challenge inequalities and the ways by which the relationships between dominant and subordinate status groups are constantly negotiated through several forms of complex interaction mediated by several variables (class, gender, race/ethnicity, education etc.). Nevertheless, there are some missing links in current literature on inequality and some evident gaps in these approaches which I have tried to fill with this book. Among them: (1) the study of inequality as it is reproduced or challenged by dominant groups (rather than only by subordinate ones); (2) the problematisation of the concepts of gender, sexuality and care and the attempt to understand how multiple systems of inequality can be related (see also James 1997; Epstein 1997); (3) an inclusive, phenomenological approach to the study of care aimed at being comprehensive of—rather than at comparing—different types of carers; and (4) the study of care in specific, situated and empirical settings, from which patterns of inequalities and their generic processes can be identified and eventually applied to other settings.

Focusing on the *interactional* and *emotional* processes that reproduce inequality into specific settings allows us to visualise the conservative forces supporting the status quo but also the simultaneous potentialities for social change intrinsic to any social categorisation such as gender or sexual orientation. Since these social categorisations are not likely to disappear soon, we can at least eliminate or substantially reduce the cultural beliefs attached to them that reproduce inequality. Thus, for example, if sex categorisation (gender) is so embedded in social relations and so central to the process by which one makes sense of self and other that many men and women still have a deep cognitive interest in maintaining a reasonably stable framework of gender beliefs, the interactional and emotional processes can eradicate cultural beliefs about male rationality and superiority or female emotionality and inferiority (see Ridgway and Correll 2000). Similarly, if the labelling process through which we distinguish between

same-sex and heterosexual parents (or unconventional and conventional families) is most likely to persist in the near future, the interactional and emotional processes can challenge and erode cultural beliefs about heterosexual parenthood and families as natural and same-sex parenthood and families as aberrations of nature.

Contextualising inequality in situated interaction and stressing its dialogical and emotional nature allow us to solve many of the theoretical issues arising from the reification of gender, sexuality and other social categories and to transform them into empirical ones, analysed in specific contexts. What needs to be done now is clarifying the central role emotions in the processual and dialogic reproduction of inequality. In the next chapter, I first illustrate some of the current perspectives on the sociology of emotions that are specifically connected to the theme of social inequality; then, I show how Collins' Interaction Ritual Model, by locating the nexus micro-/macro-in emotion and situated action, explains inequality in terms of emotional stratification; and finally, I explain the dynamics by which care-related inequality and emotional stratification can be connected to social inclusion and social change.

Notes

1. It is probably worth noting that when I talk about "gay and lesbian parents" I am not referring to an assumed (and debatable) presence of a community of gay and lesbian parents as such, but only to a specific subset of people who are involved in important childcare responsibilities and who define themselves as gay men and lesbian women. The main focus of this book, as mentioned elsewhere, is gay and lesbian parents, that is, carers involved in childcare, whose label "gay" and "lesbian" and whose belonging/status membership to an alleged gay/lesbian community at large are put into question, as we shall see, precisely by their parenthood status.
2. This adjective should be intended here in the sense indicated by Jack Katz (2001) when he uses the rubric *analytic research* dropping the reference to "induction" to signal both his departure from several aspects of the tradition of analytic induction and his debt to the tradition's essential guide to research practice. "Analytic field studies will not produce 'proof,'

i.e. artefacts of evidence which speak in a standard language or specialised fashion about representativeness, reliability, and so forth. [...] But analytic fieldwork does create an elaborate framework which can be used by researchers to assess how well they are doing and by readers to make evaluations. That framework is a social system, which, applied consistently in field research, will: force the researcher to focus on social process as experienced from within; induce research subjects to act toward the researcher as a meaningful member of the native world; enfranchise readers as colleagues competent to make an independent analysis of the relation between data and explanation; and shape a role which subsequent researchers can readily take up for testing substantive findings” (Katz 2001: 334).

3. The main contribution of a phenomenologically oriented approach to qualitative research is twofold. On the one hand, it allows us to use the lifeworld as a source of evidence for our enquiries; on the other, it allows us to look for good ways of describing the “*whatness*” (what it is and what makes it what it is) of a phenomenon as it appears, so that we may better understand its nature, more than to build a whole and exhaustive theory.
4. For an overview of possible relationships between *care* and *justice*, see also Joan Tronto, “Beyond Gender Difference to a Theory of Care”, *Signs: Journal of Women in Culture and Society*, 1987, vol. 12, no. 4: 644–663, *Moral Boundaries: A Political Argument for an Ethic of Care*, New York, Routledge, 1993; Virginia Held (Ed.) *Justice and Care*, Boulder, Colo., Westview Press, 1995; Diemut Bubeck, *Care, Gender, and Justice*, Oxford: Clarendon Press, 1995; Robin West, *Caring for Justice*, New York, New York University Press, 1997; Nel Noddings, *Caring*, Berkeley and Los Angeles, University of California Press, 2003 (1984); Sara Ruddick, “Care as Labor and Relationship”, in Haber and Halfon (Eds.) *Norms and Values*, Rowman and Littlefield Publishers, 1998, 3–25.
5. She defined this “mystique” as the worthlessness women feel in roles that require them to be financially, intellectually and emotionally dependent upon their husbands. Through her findings, Friedan hypothesised that women are victims of a false belief system that requires them to find identity and meaning in their lives through their husbands and children.

6. See Carol Gilligan, "In a Different Voice: Women's Conceptions of Self and of Morality", *Harvard Educational Review* 47, no. 4: 431–46; *In a Different Voice: Psychological Theory and Women's Development*, Cambridge, Harvard University Press, 1982.
7. On this, see also Abel and Nelson (1990), and Fisher and Tronto (1990).
8. "The possibility that an ethic of care might lead to the reinforcement of existing social patterns also raises the question of relativism. It is difficult to imagine how an ethic of care could avoid the charge that it would embody different moral positions in different societies and at different times. [...] The only way an ethic of care could entirely bypass the charge of relativism would be to posit some caring relationships, for example, the relationship of parent and child, as universal. This path, however, seems fraught with even greater difficulties for feminist scholars and pre-judges in an unacceptably narrow way who 'caretakers' should be. [...] The only other way to resolve this problem is to specify how social institutions might be arranged to expand these conventional understandings of the boundaries of care. Thus, the legitimacy of an ethic of care will depend on the adequacy of the social and political theory of which it is a part" (Tronto 1987: 661).
9. Distributive justice is concerned with the normative principles designed to guide the fair allocation of the benefits, resources and burdens among diverse members of a community. Fair allocation typically takes into account the total amount of goods to be distributed, the distributing procedure and the patterns of distribution that result.
10. Bubeck disagrees with those Marxists who claim that it is primarily the capitalist who benefits from women's household work. She also finds limited and limiting those feminist scholars who argue that it is husbands who benefit. Rather, it is all men who benefit from women's unpaid work, she maintains. We need to look at care as work, she says, in which women engage and are exploited. Therefore, care is most of all an exploitative practice. This is why Bubeck is less sympathetic to those feminist accounts, such as Noddings' (1984) which, by overlooking the exploitative nature of care, reinscribe its oppressive functions.
11. The gender strategy encompasses a course of action informed by cultural messages regarding notions of "maleness" and "femaleness", as well as the emotion work one does in pursuing a course of action.
12. An interesting, early exception in the panorama of works on American families and relationships is represented by Blumstein and Schwartz's

American Couples (1983), which is a book about how the challenges of conventional marriages can be better understood through the study of unconventional families. This pioneering book was the result of an impressive large-scale survey of four types of couples: married, cohabiting, heterosexual, gay and lesbian, which is remarkable for that time. By comparing these groups, the authors investigated the influence of gender (or its lack thereof) on couple interactions and compared married couples with couples in unconventional relationships. However, the lack of an explicit theory and the lack of reference to prior work on family, gender and sexuality make the authors' comparative comments somehow difficult to interpret.

13. For a review of the literature criticising the role of domesticity in perpetuating and reinforcing class and racial hierarchies among women, see Joan Williams, *Unbending Gender*, (2000).
14. Judith Butler, *Bodies that Matter*, (1993: 137).
15. The ethic of care should be situated in the context of existing political and social order. Social and political institutions that constitute the context of moral actors should be clearly specified each time. "Perhaps the most important characteristic of an ethic of care is that, within it, moral situations are defined not in terms of rights and responsibilities but in terms of relationships of care. The morally mature person understands the balance between caring for the self and caring for others. The perspective of care requires that conflict be worked out without damage to the continuing relationships. Moral problems can be expressed in terms of accommodating the needs of the self and of others, of balancing competition and cooperation, and of maintaining the social web of relations in which one finds oneself" (Tronto 1987: 658).
16. On the multiple implications of care, see also Leira (1994), Graham (1983) and Hochschild (1990); on the complex nature of emotions as both self-reflective actions and experiences, see Katz (1999).
17. "We even construct biological sex—whether one is male or female—in terms of opposites—the opposite sex—setting up the sexes to be completely different and as potentially in conflict with each other. This is a social priority, NOT something that is naturally occurring. While the sexes may be different, they are not, in fact, opposite. The reality is that neither sexuality nor biological sex is made up of opposites; yet, our dominant meaning system imposes that structure. These are both examples of thinking straight—thinking in terms of opposites and polarities when none exist and naturalizing social practices and beliefs rather than seeing them as social, political, and economic creations" (Ingraham 2005: 2).

18. Michelle Fine (1994) highlights how sociological research is often implicated in the process of *othering*. When researchers define a group or type of people as objects of curiosity and targets of study, the unconscious subtext may be that “these people are interesting because they are different from us”. To focus attention on a group in this way—that is, from the implicit standpoint of the dominant culture—is, in effect, to contribute to their continued othering (Schwalbe 2000). This is the reason why I emphasise, from the outset, that the main focus of this study is the “carer” (with no attributes) and his/her emotions. However, for the sake of clarity, I am obliged to use the labels same-sex parents and heterosexual parents, female and male carers and so on and, by doing this, I somehow contribute to the *othering* process.
19. For a review of the literature on how people manage their own and others’ emotions in interaction, see also Smith-Lovin (1995), Turner (2002, 2004) and Turner and Stets (2005).
20. In other works, Hochschild (1979, 1989) describes the *feeling rules* and *emotion ideologies* that, by specifying how individuals should feel in a given situation and compelling individuals to do *emotion management*, benefit the privileged and reinforce the subordinate positioning of the disadvantaged. In any social situation, individuals must engage in *emotion management* to adapt the presentation of self to emotion ideologies, feeling rules and display rules about appropriate attitudes and emotional responses in basic spheres of activity. As a general rule, the higher the social status, the more attention is paid to one’s own feelings; the lower the social status, the more likely one is to manage emotions in the service of someone of higher status. In addressing the relationships between gender, social class and emotion management, Hochschild points out one of the contrasts that could be interpreted as an important component for the analysis of what I have called *doing care* as well as a further justification for the focus of this study on upper/middle class carers. The author claims that “*More emotion management goes on in the families and jobs of the upper classes than in those of the lower classes. That is, in the class system, social conditions conspire to make it more prevalent at the top. In the gender system, on the other hand, the reverse is true: social conditions make it more prevalent, and prevalent in different ways, for those at the bottom—women. [...] The reason, at bottom, is the fact that women in general have far less independent access to money, power, authority, or status in society*” (Hochschild 1983: 162–163).

4

Macro-Structural Relevance of Emotions

The study of emotions in everyday life helps remedy the failure of the social and psychological sciences to appreciate the hidden sensual and aesthetic foundations of the self.

Jack Katz

Emotions as the Interface Between Micro and Macro

Emotions have historically had a varied position and role in both social processes and social theory. The sociology of emotions as a distinctive and structured area of inquiry is relatively recent. Although over a hundred years ago Émile Durkheim identified the crucial role of emotions in producing the glue that underlies moral solidarity (Collins 1990: 27), it was not until the late 1970s that sociologists re-discovered emotions and undertook their systematic study (Heise 1977; Hochschild 1975, 1979, 1983; Scheff 1979, 1983, 1990, 2003; Collins 1975, 1981, 1984, 2004; Kemper 1978, 1990; Shott 1979). Ironically enough, showing “that a sociologically robust understanding of emotion

makes good sense” (Barbalet 2001: 12) did not seem to require such a massive effort to the early sociological theorists as it does today. Sociologists within the classic sociological tradition, such as Parsons, Weber and even Marx and Engels, did not conceptualise emotion explicitly, but implied it in their models (Collins 1990). Major sociologists of the nineteenth and twentieth centuries (including Durkheim, Pareto, Tönnies, Elias and Simmel) had already highlighted the *explanatory role of emotions* in sociology in various ways.

Today, emotions still do not form a natural class of events with sufficient functional specificity and unity to justify a single concept. After a long history of debates about their classification, emotions have come to form a quite heterogeneous group. Various conditions and states have been included in the category for different reasons and on different grounds, against the background of shifting contrasts. However, most scholars now agree on a broad definition of emotions as complex phenomena that usually involve (not always simultaneously) neurophysiological and neurochemical changes, cognitive and motivational appraisals of a situational stimulus or context, display of expressive gestures or behaviours and cultural labelling processes. Labels like *sentiments*, *feelings*, *affect*, *moods* and *emotions* are used rather loosely,¹ and more than a terminological ambiguity is involved in these definitional problems: diverse uses of terms often parallel important disagreements between and within different disciplines and paradigms over what emotions are and how they arise.

Terminological disagreements and conflicting interpretations of emotions notwithstanding, some of the most original contributions in the sociology of emotions have challenged the traditional resistance of sociologists to attribute to emotions an explanatory role, establishing important links between the emergence and maintenance of social structures and their interplay with agency and its emotional processes. In these theoretical perspectives, emotions become a crucial link between the micro- and macro-levels of social reality (Barbalet 2001; Kemper 1978, 1990; Gordon 1990; Hammond 1990; Lawler 2001; Scheff 1990, 1997; Collins 1981, 1984, 1990, 1993, 2004; Smith-Lovin 1990; Summers-Effler 2004; Stryker 2004; Turner 1999b; Turner and Stets 2005).² Moreover, whereas previous sociological discussion of emotions has typically stressed pathological manifestations of emotions and their negative consequences,

the explanatory role these scholars attribute to emotions shows instead the centrality of emotions to the routine processes at the basis of “normal” structures of social interaction and highlights the positive and crucial function of emotions not only to explain people’s behaviour and social order but also to set the possibilities for social change. It seems now widely accepted that rational choice, as we traditionally understand it, can hardly explain people’s means-ends oriented behaviour. A more explicit understanding of the crucial importance of emotions, not only as mere *intimate* subjective experiences but also as *social* processes that produce different outcomes in terms of status and power dimensions, has been gradually emerging in recent years thanks to the work of micro- and macro-theorists such as Collins, Hammond, Hochschild, Thoits, Smith-Lovin, Summers-Effler, Heise, Clark and several others (for a complete collection of sociological theories on emotions see Kemper 1990; Turner and Stets 2005; Stets and Turner 2014).

This more realistic and less romanticised understanding of emotions has emerged in other disciplines as well, notably psychology, and its implications have been increasingly studied and applied in contexts beyond the sphere of privacy and intimacy. Understanding the centrality of emotions in the everyday dynamics of social processes does not mean denying the existence or the relevance of macro-concepts (such as material entities and status group ranking) that perpetuate social inequality, but rather grounding them in the everyday interactions across time and space. In other words, this means micro-translating them (Collins 1990) and then observing and analysing them in their most elementary forms. It is like reducing a mathematical expression or fraction to its lowest terms, or, in our specific context, using a magnifying glass to get a closer look at the less visible rationales and implications of care that no statistical inquiry can illuminate.

Inconsistencies Between Attitudes and Practices: Is Gender Enough?

Thus conceptualised, emotions reframe radically the phenomenon of care: they allow a better understanding of the care experience by which the carers define themselves and their statuses as carers. The constant

changes in the cultural scripts defining what “a good carer” is or should be—with all their implications—develop in various, non-fixed ways and require a counter-discourse on gender and, particularly, on men and masculinities.³ When we look at recent research on family care in Western societies, a contradictory picture of the characteristics of men’s and women’s behaviours within the family emerges. On the one hand, women are primarily expected to reconcile dilemmas between paid work, care work and domestic chores. On the other hand, there is a growing disposition of some men to assume larger amounts of responsibility for child rearing and/or other care-related tasks which possibly correspond to cultural contexts where both partners are increasingly expected to play equal roles. Nonetheless, the longing for equality remains too often a desire or an ideal, and women still meet several forms of resistance to translate it into a reality. Although many of the cultural norms underlying the gender contract are changing and recent social policy has become more informed in their attempt to reconcile work and care with an eye on gender issues, this has not resulted in a direct and substantial redistribution of burden sharing in the context of family practices. To put it in Furstenberg’s words, “it is still possible that fathers in the recent past did more than they got credit for and today do less than we like to think” (1988: 207).

One of the seeming contradictions that conventional sociological and economic theories can barely explain is the inconsistency between the actual and perceived distribution of care tasks: while women do the majority of unpaid care, both men and women claim to take equal parts. In many cases, carers do not perceive the unequal participation as intolerable and the fact that the total amount of care work still affects women’s participation in the labour market more strongly than that of their male partners is often justified on the basis of rational choice and/or practical issues such as who has more time, who earns more and who has a more flexible or rigid work schedule. But something more complex than rational choice is involved in the decision-making processes at the basis of work and care arrangements. In trying to explain these contradictions, Duncan talks of *grey areas* that “become the site of new conflict and, possibly, the origin of transition to another overall contract. The gender system will therefore show major variations in space and time, both with regards to the nature of the gender contract and to its rigidity” (Duncan

1995: 271). On a micro-level, Duncan maintains, each household probably has its own particular grey areas in which people make big and small changes to their care arrangements and/or gender contracts; on a macro-level, structural changes may help either to shade these areas or to make them more pronounced. The gender contract, then, assumes particularly harsh tones and shades under neoliberal times characterised by growing economic inequalities, reduction in workers' rights, lower wages, privatisations and welfare cuts (Esping-Andersen 1990/2013; Lewis 1997; Young 2000; Scharff 2014).

However, these considerations leave out those carers who do not negotiate their work and care arrangements on the basis of gender, either because they are not in a couple (single parents/carers) or because they are not in a heterosexual couple (same-sex parents). As I have mentioned earlier in this book, one of the important issues addressed in this study concerns the necessity to overcome the dichotomist ideology characterising past and current debates on gender and care, and to look for less biased ways of thinking about women and men within and outside traditional family contexts. Ruddick reminds us that "men can participate in every aspect of mothering except lactation; both women and men can perform paternal functions" (Ruddick 1998: 14). Perhaps if we focus on individual, contextual and situational *care relationships* rather than on "assumed" differences in parental work, we can extend our understanding of care. In this sense, placing several models of care and housework allocation side by side discloses significant insights, including those models that cannot be gender-based for the simple reason that they are composed of people of the same sex or just of one single carer. And yet, this does not clarify why men and women accept a gender imbalanced distribution of tasks and responsibilities in heterosexual couples.

The problem, then, can be perhaps addressed by: (a) analysing how the above-mentioned grey areas are built up and negotiated within the context of a diverse, heterogeneous sample of carers which includes carers who do not negotiate their care arrangements on the basis of gender; (b) understanding the real and multifaceted implications of *doing care* in terms of social inequality; and, above all, (c) shedding light on the less visible rationales of care that lie beyond the allocation of care responsibilities, regardless of people's sex or sexual orientation. In short, and paraphrasing Katz (1999),

the question gets translated into explaining what it is that, being itself invisible, is responsible for all that is visible (1999: 2). Emotions, I claim in this book, represent the *missing link* which explains the factual and essential dynamics by which inequality is situationally reproduced beyond the rigid and reifying concepts of gender and sexual orientation.

Social Stratification as Unequal Distribution of Emotional Energy

The Interaction Ritual model (Collins 2004) allows us to overcome many of the problems left unsolved by current literature on care and gender.⁴ Starting from the consideration that the complex contingencies of social structures cannot be always calculated rationally, Collins proposes that the essential mechanism holding society together has an *emotional* nature rather than a merely cognitive one. Its theory suggests that emotions are the *common denominator of rational action* because rationality depends on assessing the utility of (i.e. the capacity to confer positive affect to) alternatives lines of conduct (1993, 2004). The rational actor perspective, Collins says, collides with a number of troubles: first, with a whole series of behaviours that do not fit with cost/benefit analysis; second, with the absence of a *common metric* that allows actors to compare costs and benefits across whatever range of situations they may encounter; third, with the simple evidence that people are not all the time compulsively obsessed, cold-blood calculators.

The Interaction Ritual model (2004) is a theory of how persons choose to interact in any given situation or encounter. Collins' main argument can be summarised by looking at two orienting points: first, the centre of micro-sociological explanation is not the individual but the *situation*.⁵ Collins' theory is above all a theory of *situations* and *interactions*. It is a theory of momentary encounters among human bodies charged up with emotions and consciousness because they have gone through chains of previous encounters. This is not to say that the individual does not exist; but an individual is not simply a body, it is an *emotionally charged* body whose present, past and future features are determined by the contextual

dynamics of situations and interactions. The second orienting point is the term *ritual*, to be interpreted in a Durkheimian and Goffmanian sense. Ritual is a mechanism of mutually focused emotion and attention occurring during an interaction and producing a momentarily shared reality.

Every interaction generates status and power effects: successful interactions combine a high degree of mutual focus of attention, that is, a high degree of intersubjectivity, together with a high degree of *emotional attunement*, and produce *feelings of membership* or group solidarity, that is, there are not unbalances between the interactants in terms of status and power. Collins describes this sense of status membership in terms of *emotional energy* (EE), which is similar to the psychological concept of drive but with a specific social orientation: it is a long-lasting emotion that builds up across situations and makes individuals initiate or fail to instigate interactions; it is “a feeling of confidence and enthusiasm for social interaction” (Collins 2004: 108). On the other hand, unsuccessful interactions are those interactions in which there is no boundedness, there is not a real focus of attention, there are differences in terms of power and status of the two interactants and, above all, there is not an *emotional attunement*. Unsuccessful interactions produce *feelings of status exclusion*, withdrawal for action and interaction and negative emotional states. EE is thus both the ingredient and the outcome of the interaction. People’s choices, behaviours and decisions regarding daily-life issues are in fact based on their emotional outcomes and inputs; and people’s chance to gain or lose EE is affected by their (perceived sense of) power and status membership. To sum up: emotion-oriented behaviour is produced by a social mechanism, the dynamics of *interaction rituals* (IRs); emotional solidarity with a group (status membership) is the primary good in a successful social interaction and EE is a measurable, physiological analogue to the concept of utility; the interaction ritual engenders a variable level of EE in each individual that operates as the common denominator for choosing different courses of action or behaviour; the cognitive process is “micro-situated” in the short-run of the immediate interaction, or better, “the individual thinking is determined by the emotional energy and the cognitive symbols generated by IRs” (Collins 1993: 205).

The idea of a market for interaction rituals represents an important link with rational choice theory. Individuals invest in rituals according to

the amount of EE they may dispose of, the availability of collective symbols, and the other ingredients that allow for a successful interaction. Decisions regarding the balance between daily-life issues such as leisure and work, and other similar categories are in fact based on the emotional outcomes (see also Smith-Lovin 1993). This is undoubtedly a significant theoretical advance. The manifestly unrealistic characterisation of human motivation portrayed by economists and rational choice theorists, who define rationality as the efficient pursuit of self-interested preferences, is reframed in a theoretical model in which preferences are oriented around the production of EE. “Comparing” or “choosing”, Collins maintains, may be merely metaphorical. Most of the time persons do not consciously calculate what they are going to do, but since EE can be felt, as either an emotional attraction or lack thereof, individuals make emotionally oriented choices also unconsciously. EE is the benchmark of all choices and the attractiveness between alternative options is assessed in terms of the amount of EE they respectively carry and perceived accordingly either as a gain or as a loss of EE. “Power, altruism, love, and every other social goal is measured by the same yardstick, the increment or decrement that the interactional process involved in it produces for one’s emotional energy” (Collins 2004: 172). Privilege, power, and status are not “simply a result of unequal material and cultural resources. It is a flow of emotional energy across situations that makes some individuals more impressive, more attractive or dominant; [and puts] other persons in their shadow, narrowing their sources of emotional energy to the alternatives of participating as followers or being relegated passively to the sidelines” (Collins 2004: xiii). Thus, in Collins’ model, the level of emotional energy becomes a clear and sensitive indicator of social position. “There is no sharp distinction between material markets and the market for emotional payoffs in IRs; these are all motivated by emotional energy-seeking” (Collins 2004: xv). In other words, within such a model, people’s decisions and choices circuit in the loop of the EE production and we can think about *social stratification* as an *unequal distribution of EE* rather than a mere unequal distribution of material resources or social positions. Along with that, we can empirically visualise (and perhaps measure) social stratification through a careful analysis of how emotional stratification is enacted in micro-interactions.

Internal Conversations and Permanent Visitors

Not all interactions are successful and, among those interactions that do succeed in evoking a common reality of shared symbols, “some produce a feeling of egalitarian membership among the interactants, while others produce feelings of rank differences, including feelings of authority and subordination” (Collins 1993: 999). Though “relationality” and “being in relation” represent the ontological foundation of every individual, within the context of care the mutual acknowledgment of the relation as a *caring relation* from both caregiver and care-receiver appears to be an essential condition for the existence of the relation as such (Noddings 1984 [2003]). In other words, we cannot validate ourselves as a person who cares just by claiming or thinking “I care”. If the care-receiver does not perceive, acknowledge or feel my caring concern or activity, the care relation does not exist. Most importantly, we define our identity as caregivers through a constant dialogue with an entire complex of real or imaginary *generalised others*. In order to be *successful*, the care relation must be acknowledged by the subject caregiver, the care-receiver and a variety of generalised others.

One of the most significant features of the epistemological approach I illustrate in this book lies in shifting the focus of attention from the more visible relationship between caregiver and care-receiver to the less evident relationship between *caregiver* and *generalised other*. We can look at care activities as chains of interactions. The specific kind of interaction I focus on is the constant internal dialogue between the subject caregiver and a whole network of generalised others or what Norbert Wiley (1994) calls *permanent visitors*, that is, all those people who are variably present in our thoughts and with whom we are in a constant internal conversation.⁶ Within the context of parental care, the acknowledgment of the care relationship of both the subject caregiver and these generalised others is an essential condition to give visibility and entitlement to the status of parent and to confer to this latter a sense of belonging to what I shall call here the *intangible community of legitimate and successful parents*.

During their constant internal dialogue with all these permanent visitors, *all* parents—regardless of their gender and sexual orientation—wonder about the quality of their parental care and constantly verify or

disconfirm their status membership to such intangible community. *Am I a good/successful parent? Am I acknowledged as a legitimate and successful parent?*—the parents ask themselves. But when it comes to same-sex parents, issues of acknowledgment, belonging and entitlement become more stringent: *Will I be acknowledged as a legitimate, “fully entitled” and successful parent?* Heteronormative definitions of parenthood constantly reproduced and conveyed by different types of permanent visitors (media, peers, families, institutions etc.) shape who is eligible or not to the status of fully entitled, legitimate and successful parent. As a consequence, and even before enquiring about the goodness or the quality of their parental practices, same-sex parents need to confirm or disconfirm their status inclusion or membership to a wider imagined/intangible community of *legitimate and fully entitled* parents.

Status membership, or status inclusion—in Collins’ theoretical model—is the criterion which defines whether an interaction is successful or not, and therefore whether there is an increase or a decrease in the supplies of EE, with consequent effects in terms of social inequality. The outcomes of the parents’ inner dialogues with their “permanent visitors” determine the emotional stratification at the origin of inequality.⁷ The internal processes of thinking and feeling parental care and the ongoing process of reflexivity are what mostly make the difference in terms inclusion or exclusion. Parental care, therefore, is not only about tending to or caring for someone but it also involves significant consequences in terms of status inclusion/exclusion, entitlement and citizenship. Without necessarily being aware of it, all parents participate in this invisible process of inclusion/exclusion through their care activities. The difference—and therefore inequality—connected to parental care is thus redefined as a difference between those who are deemed to be “fully entitled” to it and those who are not. Parenthood, thus, becomes a crucial site to observe the unceasing reproduction of *emotional stratification* that is at the basis of social inequality.

Within the continuum which in Collins’ model goes from formalised and strongly focused to informal and relatively unfocused interactions, I am mostly referring here to the informal and less focused interactions, which clearly define those *individual reputations* that in our societies are becoming increasingly more important than categorical identities.⁸ More

precisely, the problem is connected with the seemingly irreconcilable incongruity between the following statements:

- *I care for and I feel responsible for the care of ABC.*
- *To feel confident that I am an adequate and successful parent, I need to belong to the intangible community of entitled and successful parents, which means to be visible as a fully entitled parent and acknowledged as such by a whole set of generalised others.*
- *I am not visible as a fully entitled and successful parent and acknowledged as such by a whole set of generalised others.*

Reconciling any two of these statements entails the negation of the remaining one, and none of them alone is sufficient to contradict any of the other two. The discrepancy can be resolved by eliminating any of the three statements. In other words, it is not by adding something that one can solve the problem but rather by getting rid of it: at least one of the three statements must go. The negation of the first statement (“I care about someone”) is relatively straightforward in principle but less plausible in practice. It is certainly possible that people just “do not care”, in the sense that either they do not have care responsibilities or they do not take them on seriously. The “I do not care” position automatically deprives the other two statements of their own meaning and substance. Yet, due to the ongoing socio-demographic changes we all know, it is quite unlikely that any of us will find themselves without any form of care responsibility at all throughout the course of our entire life. The rejection of the second statement (“I need other people’s acknowledgment to perceive and live my status as a fully entitled and successful parent”) is connected to people’s level of freedom from social conventions or spoken and unspoken social norms; what sociologists call the invisible strings. There are certainly individuals who are more able than others to free themselves from orthodoxy and conformism. The position of such exceptions could be summarised as follows: “I consider myself as a fully entitled, legitimate and successful parent even though I am not acknowledged as such by a whole set of generalized others”. However, decades of sociological thought and research have provided copious evidence about the multiple mechanisms through which social control and conformism are constantly reproduced. It is quite implausible to imagine parents who

have never asked themselves whether they belonged or not to what I have called the intangible community of legitimate, fully entitled and successful parents. Thus, the negation of the second statement is thus undoubtedly possible but, again, highly improbable, at least in its most radical terms. Finally, the exclusion of the last statement (“A whole set of generalized others does not acknowledge, validate and/or give visibility to my status as a fully entitled, legitimate and successful parent”) is certainly the most difficult one among all the three negations. It entails, in fact, a cultural change and therefore requires time.

Status Inclusion and Exclusion: Some Examples

Care and parenthood can be lived by everybody as experiences of either inclusion or exclusion regardless of people's gender, marital status or sexual orientation. One belongs to the community of parents and consequently feels excluded from other groups or communities such as, for example, the groups of single friends or childless couples with different lifestyles, or the community of successful colleagues who are mostly career-oriented and whose achievements, profiles and CV records are higher, and so on and so forth. But, at the same time, one can experience the nice feeling of joining a sort of exclusive club which possesses its own advantages and benefits. Meredith, a married mother of two, gives here a clear example of the seductive power exercised by the *exclusive club of parents*.⁹ She seems somehow annoyed by her friend's joke about that; but, simultaneously, she emphasises the enormous importance, both for her and her husband, of being included in the exclusive club:

- R: Oh, completely, completely, and they're explicit about it, yeah. I have a friend who said, welcome to the club, welcome to the club. [Laughter] Yeah. And I resented it at the time, I thought, well, that's just ridiculous, you know, that I'd somehow become something completely different.
- I: There's a club of parents?
- R: Yeah, yeah.

I: Of working parents.

R: Yeah, yeah, and *it does seem kind of exclusive when you're on the outside*. I mean especially because we had the experience of infertility so *we desperately wanted to be on the inside*, you know. I think it is different for people who choose not to have children.

Interestingly enough, a similar concept is expressed by Karen, whose experience of parenthood induces a sense of belonging to the club of parents but, at the same time, changes the way she looks at and understands the world around her, producing a radical change in the way she perceives herself:

I think that the way you look at things changes when you become a parent. I mean I think there's—it's one of those things because I became a parent at 41, I feel like I now can say, ohhhh, there this thing that everybody who's a parent just sort of knows or they—it's like this—this isn't a good analogy, really, but it's kind of like this club and people just all have this common knowledge and I wasn't part of that. Not that I cared, but I wasn't part of that. And then, when I had a child, I started to sort of understand things in a different way.

In the following emotionally intense excerpt, Olivia highlights the typical dilemma most working women face as she talks about her borderline position torn between career and care. At the time of the interview, her daughter was five months old and Stacey predicted that, in the near future, she would have probably been the one who would have stepped back from her professional ambitions. The sense of impending exclusion that she was feeling during the interview is expressed by her recurring use of words such as “loss”, “pressure” and “sacrifice”. Quite interestingly, although at the end of the quotation she does not miss the opportunity to emphasise her disappointment about recent statistics on the gender career gap, she also describes her husband's frustration, as if they were both inescapably trapped in an economic system which does not leave much room for negotiating shared care responsibilities when “his earning potential is higher” than hers:

And I think there's a loss, I think the loss for a man and the loss for a woman—well, again, you can't generalize and this is gonna sound really sexist, but once, you know, John and I want to keep things sort of equal but then once you have the baby you realize that—right now his earning potential is higher, and so on a practical level whose career is gonna suffer? It makes more sense for mine to, doesn't it, given that I am sort of tied up anyway with the breastfeeding and given that he has more earning potential. So then there's pressure on him to make money, whereas if we don't have a baby there's no pressure on him to make money. So I think he loses that in the sense that there's that pressure. And there's a pressure on me both to make money but then also to be, you know, what kind of mother you want to be. And even if, okay, do you want to be one of those mothers who just is like okay, I'm not gonna let this stop me at all, you know, I'm just gonna have a very—my career, whatever, isn't gonna suffer a bit because of the baby. Well, that's impossible—if that doesn't suffer, something does because if you're doing both then you're either sacrificing your leisure time, your family time, your... I don't know, whatever it is, you can't make up time. There's only a limited amount of hours and so the amount of hours you have to spend on things before you had the baby you probably felt busy, then, once you have the baby, it's, you know. So there's always some loss somewhere, it's got to come from something. [...] I mean there's no reason why—what is the statistic, like 66 percent of men tenured have children and 33 percent of women do—there's some statistic like that. Sure, I mean yeah, of course the man is favoured.

Dynamics of inclusion and exclusion fluctuate and quite often overlap one another for most of the parents I met, making it difficult to establish clear-cut profiles. Yet, supposedly, same-sex parents may be expected to experience parental care as a site of status exclusion in a more prescriptive and rigid way than their heterosexual counterparts. In fact, heteronormative¹⁰ assumptions about the family and, in particular, the nuclear family, still provide a powerful cultural script to cast in people's minds a series of generalised others with whom they engage in internal conversations. In the following case, for example, Curtis, father of a nine-month-old son and manager of a large corporation, visibly points out a typical dilemma originating from the double-bind situation of “being gay” and simultaneously “wanting a family”:

One of the reasons I didn't want to be gay was I wanted a family, you know, I was like I want to—I had this picture of my life and it always involved kids.

Similarly, Jerry and Clayton describe here their adolescent experience of exclusion from the people who could marry and have children because of their sexual orientation. Interestingly enough, what was initially perceived as a limitation became eventually the motivation to build up a different type of family, a more extended and open-ended family which also includes close friends:

Jerry: When we talk about family, there's of course the blood family, there's family by genetics, but we also have a lot of friends that we refer to as family. In fact, even before our son was born we referred to them as the aunts and uncles. And, really, they're not true uncles and aunts by blood line, but they're an important part of the extended family. And I think that growing up gay, you know, when I was a child and a teenager, I didn't realize that marriage and family was going to be possible. In fact, this would be something that wouldn't happen because of, because I was made gay. And so early on I always kind of, my family was whoever was with me, friends as well as real family. Are you agreeing? He's agreeing. [Baby speaking]

Later in the interview, Jerry and Clayton describe a deeper sense of exclusion stemming from the total absence of legal protection of their rights as parents and, even more fundamentally, as a couple. "People are much more ahead of the social reality than our legal institutions"—they claim. However, during their experience as an unconventional couple, they also met people who made it problematic for them even to buy a house:

Jerry: [...] but the reality of the laws in this country today are there are a lot of places that if we defined legally which one of us was the sperm donor, the other one, the other of us would lose rights, I mean some serious rights. [...] And if the genetic identified

father died, the child would go to an orphanage, right. I mean, so for that reason we have just said it's okay, we just, we will stay in that grey area undefined and when we're undefined [...] it's a strange thing. I think people are much more ahead of the social reality than our legal institutions. And even in places where the laws are just completely against us, I think that when we introduce ourselves as people, we have never been treated unfairly. It was scary a few times. [...] I don't want to get into a long story because I talk too much, but when we were looking for houses, there were times that, because we were gay, we were discriminated against. Not a doubt in our mind. One time we made the highest offer for a house and they took the next lowest offer. They did not take our offer of cash. We were pre-approved, everything was done, there was no question that we could afford the house. They bypassed on our offer and went to the next lowest. And another house we walked in, and when the woman saw who walked in the house, she freaked out. She came running in the house, she ordered us to leave. It was just a, it was a mess. So we knew this was necessary, we need laws like this until society and the reality can catch up.

Homophobia and forms of more or less patent discrimination based on people's sexual orientation are still widespread both in Europe and in the USA, where this study was originally conducted. In the following example, Leila, mother of two children, highlights an interesting paradox which, she thinks, may be typical of the United States. Talking about the gender stereotypes and the typical two-opposite-sex-parents model of family, she concludes that the social status of single parents is probably at the lowest levels in the symbolic hierarchy of valued and respected families/parents. Although still strongly stigmatised, she maintains, same-sex parents are better served than single parents:

And I think once you get out into the sort of broader Philadelphia, Pennsylvania and US I think it shifts a little bit. I think there still is a, well, that's a really hard question to generalise. I think that, on a broader level, there are significant forces that think that, you know, women should stay

home with kids. So the paradigm's a little bit different because, you know, people would look at us and think oh, we both should be staying home with the kids [laughter]. But I think the work aspect sort of in the broader society, I think someone is expected to work and that it is still pretty much a dual, two-part equation so that within a couple, you know, there's big pressure, it should definitely be a couple. We don't like single parents in this country. And we don't really like gay parents either but, you know, it's probably better than a single parent [laughter].

In the next excerpt, Glenn highlights a more noticeable and challenging consequence of being excluded by the intangible community of legitimate and fully entitled parents:

- R: That's how we did it, yes. Yes, Peter was the adoptive parent and then bureaucratically we made sure that I become part of the parents and...
- I: You had to pay a lawyer, I guess.
- R: Yeah, yeah. In Philadelphia I had to sue my partner for parental rights in court. Yeah, isn't that crazy? But it worked out fine, just fine.
- I: So now everything is...
- R: Everything is legal and we're both parents. And that's, you know, for peace of mind and also for the child to feel that, you know, she or he has two parents, not one, not that one is more legal than the other, because that's what was important is that the children feel like both of us are a team working together.

An interesting finding I will discuss at more length later on in the book is the (self-) exclusion experienced by same-sex parents in relation to their networks of friends. Once parenthood comes on the stage, anything else or anybody who is not directly connected with childcare responsibilities becomes difficult to manage. Childless friends are left back for a while, not only because they do not possess the care expertise so indispensable during the first years, but also because they do not share any of the time- and energy-consuming concerns that typically characterise the first few years of intensive childcare. Such is the case of Linda:

[...] And I would say that, during these first few months, the community of lesbians that I know hasn't been a very big support just because I've been really needing support in terms of advice on raising a child or advice on having a baby. So I think that those things are things that they can't help me with right now. I think in a year it'll probably come back to, I'll have more friendships that are just based purely on the friendship and it doesn't have to be based on what I'm going through right now. I guess temporarily they're off the map, but I think they'll be back on the map in a year or two, I do, I really do. Because, right now, just day-to-day, learning what I'm needing to learn and understanding how to get through the first few months of a baby's life is all consuming. And you don't really have time, you don't have the energy to maintain friendships just for the sake of friendships.

Kurt, a divorced gay father who was previously married to a woman, feels the entirety of his isolation and exclusion every time he has to face—on his own—his daughter's ritual happenings or events related to the school. Differently from his ex-wife, who takes part to these school events with her new husband, Kurt is always alone and dreams of a time when someone will stand by him and support his “public presentations of self”:

Well, you know, I just have books on my bookshelf like, you know, *Finding a Gay Relationship* or *The Advocate* sitting out or whatever. So I don't really—I've gotten to a point in my life where other people's opinions just—if they want to look at me differently, you know what [...] you need to do whatever you need to do, but I'm gonna live my life to be happy. It actually would be a really good thing in my mind because it becomes very uncomfortable going into the concerts and there's my ex-wife with her husband and her parents and here I am by myself. Or my daughter will say come to church and hear me sing. So, I go to the mother's church and there's my ex-wife with her husband and, again, the parents, and I'm by myself, and you know, getting dirty looks from the ex-mother-in-law. So it would be so much more comfortable to have that support there to be able to stand by me in situations like that.

The exclusion from the intangible community of fully entitled and successful parents is reinforced in Jack's and Ishmael's case because of the

additional stigma potentially attached to their religious affiliation. Jack and Ishmael are adoptive fathers and their main concern is mostly revolving in the following excerpt around the attitude of the biological grandmother, that is the person “*who doesn’t want the daughter to give away the baby*”. Beyond the witticisms about the potential double stigma for being simultaneously gay and Jewish, what emerges from their interview is an authentic and deep sense of guilt connected to their “mediated” parenthood. This guilt, as we will see in more detail further on in the book, seems to represent a common pattern for adoptive parents, and especially for those who know and meet the biological mother.

- Jack: So then we met her mom, which made me really nervous because [...] the grandmothers are kind of the scary ones because they’re the ones who don’t want the daughter to give away the baby. Because the daughter’s the one making the decision to give it away but the mother is like don’t give my granddaughter away. But we met her and she was, you know, they’re Mennonite, they’re very strictly religious, and she admitted how difficult it was that her daughter was giving the baby away to gay men, you know.
- I: Oh, specifically to gay men, not just to...
- Jack: Well, just in general how difficult it is, but then the idea they’re also gay men, one of whom is Jewish, it was like quadruple.
- Ishmael: Yeah, so they were like oh, no [laughter]. First of all, two homosexuals, then you killed our Lord, Jesus Christ and now you’re gonna have my...
- Jack: She didn’t say that, she said you know, I grew up thinking that your people killed my God.
- Ishmael: It was intense, it was...
- Jack: It was very intense because she’s telling us how much she has to get over to be okay about the adoption. But she was also...
- Ishmael: It was a lot for this lady.
- Jack: She was also complimenting us because she liked us.
- Ishmael: Yeah, it was a lot for her, I feel sorry.

Career or work-related exclusion can be as painful and damaging as the exclusion connected to same-sex parenthood. Nora highlights here the sudden and merciless exclusion she experienced when she decided to leave her job in an important law firm to become a stay-at-home mom. In the following quote, she powerfully describes how people abruptly downgraded her status and treated her differently as soon as she started being a full-time mother. She concludes with a very strong statement, saying that, in her entire life, she had never felt as much discriminated against as when she was a fulltime parent. Neither her gender nor her sexual orientation, she claims, had been so powerful in depriving her social status of value before. As a full-time mother, it was like she had “no status at all.”

I think the year when I left my law firm to stay home with Maggie, I was just shocked by how my status changed because I had, you know, a certain status as a partner in a law firm and doing the kinds of things I was doing, going to benefit dinners and doing this and doing that. And then going and meeting people in social settings and saying to them, they'd say oh, what do you do and I'd say well, I'm staying home taking care of my daughter fulltime. And people would literally turn their back and walk away from me, like I was an uninteresting person. Whereas, you know, those same, a week before if I had said, oh, I'm a partner in a law firm and I do a lot of entertainment litigation and, you know, and all of a sudden people are, oh, that's really interesting, boy, that's, you know. And for me, I think being a fulltime mother was the first time I really felt actively discriminated against, more so than I ever felt discriminated against as a woman and more so than being discriminated against as a lesbian. Being a mother and being a fulltime caregiver kind of mother, it was like I had no status at all.

The total lack of recognition and appreciation of care work in Western, neoliberal societies is effectively condensed in the following words, where Pamela tells me about the difficult period when she felt “cut off from the rest of the world and underappreciated” because of her parental care. Her ambivalent stance towards the value and the implications of care work is still evident; first, she says “I wasn't working and accomplishing ... etc.”, and then, immediately after, she acknowledges she was actually “raising beautiful little people”, and that, yes, care *is* actually work in itself, although still strongly undervalued in our societies:

Yeah, I mean I chose to be home and I wanted to be home but it was also very isolating. Even though I went out with other, I was out around other adults, it was very hard because I wasn't working and accomplishing and—I didn't feel I was.... Even though, in retrospect, you know, I was raising beautiful little people. [...] Yeah, it is work. And I think it did have an effect on me, a negative effect on me, to some extent, feeling a little cut off from the rest of the world and maybe underappreciated. And a lot of that I put on myself. I'm not saying that my partner said anything along those lines, but it was very hard for me emotionally to be at home. I didn't balance it very well.

Finally, Stephan provides us with further empirical evidence of how even a simple overseas travel can become the occasion to feel excluded not only from the community of “fully entitled parents” but also from that of “fully entitled partners”. His being French and married¹¹ to another French man regularly exposes him to stigmatising treatment and blatant discrimination every time he goes to France to visit his two children and then goes back to the United States where he lives with his husband:

- R: Oh, when I cross the border, Immigration, they are awful, they are awful. They always arrest me, they...
- I: Are you kidding me?
- R: No, I'm not. They keep me like for hours, like interrogating me, it's awful, it's awful.
- I: Because you don't have a visa?
- R: I have a visa but it's a domestic partner visa. So they gave it to me but my partner is a man. And when they... Because they don't understand what kind of visa it is. And when they ask me what your wife is doing, I say I'm sorry, it's not my wife, it's my husband. And they say, what? And they just took me and they said, okay, you are not clear, come with us.
- I: Every time?
- R: Every time, every time. And sometimes it's just one hour, sometimes it is eight hours, eight hours.

The Consequences of Status Inclusion and Exclusion: Always Black or White?

The perceived exclusion or failure to inhabit an ideal can have negative effects, involving feelings such as pain, anxiety, concern, fear and depression. Yet, it can also lay the foundation for social change. On the one hand, status exclusion can drain the supplies of EE, with long-term negative consequences in terms of social equality. On the other hand, status exclusion or what I shall call *status uneasiness*—meaning that one might also feel included but in a stigmatising and non-clearly-fitting way—can push people to look for alternative sources of EE, producing, in the long run, a gain in the supplies of EE and reversing the outcomes in terms of emotional stratification.

The exclusion experienced in certain contexts can be compensated by the inclusion in other contexts or group affiliations. Thus, for instance, the non-fitting feeling of the single mother (emotionally draining) can be compensated by the satisfaction of being able to manage complex sets of activities on her own (emotionally energising); the status exclusion experienced by a same-sex parent (draining) can be amply compensated by the creation of a parallel network of same-sex or straight parents and friends, the “family people choose” (energising) that acts as a buffer in a still largely heterosexual and heterosexist world and so forth. The fast-growing phenomenon of lesbian motherhood and the remarkable number of women who opt for motherhood outside of marriage¹² and who, having tossed out conventional definitions of motherhood and family, nonetheless embrace quite conventional and customary roles concerning child-rearing, provide us with further evidence of how the self-empowering effects of the *pursuit of motherhood* can thoroughly compensate for the enormous sacrifices preceding, accompanying and following their care choice. By the same token, the new generations of gay men are more likely than their straight counterparts to look for alternative and less conventional routes to personal affirmation and social success and to embrace and enjoy nurturing, care-taking and domestic activities without feeling their masculine identity threatened or their EE drained because of that (see Dermott 2008; Fredriksen-Goldsen and Hoy-Ellis 2007; Golombok 2015; Hicks

2011; Landridge 2013; Mallon 2004; Stacey 2005, 2006; Weeks et al. 2001). Moreover, gay men are more likely to be single than heterosexual men or women of any sexual orientation (Laumann et al. 1994). Therefore, at least at a certain stage of their life, a larger proportion of their time and energy is potentially available to assume care activities, be it by default (to care for an ageing/frail person) or as a sort of compensatory strategy in their search for intimacy and enduring love in our fluid high modernity. In some cases, this might take the form of an adoption choice, in others, of taking care of an elderly relative, a sibling, a nephew or a close friend. Whatever the case, their starting point is different in terms of status membership and range of available choices compared to their heterosexual counterparts, and the consequent feeling of exclusion might produce long-term effects in terms of EE drain, loss of confidence, enthusiasm and initiative for further action and interaction.

Regardless of their marital status or sexual orientation, parents (and carers in general) can compensate for the temporary or persisting dissatisfaction with their professional situation and the consequent feeling of status exclusion from the *intangible community of successful colleagues* (emotionally draining) by engaging in gratifying care activities and responsibilities acknowledged and valued by certain others (emotionally energising). On the other hand, the perceived exclusion from the *intangible community of successful parents* as a whole (emotionally draining) might push some people to work hard and compensate this form of exclusion through the inclusion in the intangible community of successful colleagues (emotionally energising). As we will see, the care choice can even become, for some, a sort of *alibi* to justify people's not-particularly-brilliant career or it can be used as a sort of *emotional decompression chamber* to allow work-related stressors or dissatisfactions to settle or to dissolve, facilitating the transition towards other life choices. However, whereas for heterosexual men and women parenthood can be perceived as a relatively taken-for-granted component of their *package deal*¹³ or as something that just occurs randomly, for same-sex parents this is never the case. Same-sex parents cannot enjoy this kind of spontaneous emotional decompression chamber effect and they cannot get to parenthood by chance; on the contrary, they must struggle and invest quite a lot of energy in order to attain it.

The examples could be multiplied, and each time a combination of several factors comes into play, showing at times parallels or highlighting divergences between the different parents and care circumstances. However, whereas being a man or a woman, gay or straight and single or coupled still makes a difference, it by no means translates into an automatic outcome in terms of status inclusion/exclusion and in terms of emotional stratification. Moreover, it might be worth reminding to the reader here that the study illustrated in this book is not a matter of comparison (straight vs. gay or men vs. women) but rather a matter of *inclusion*, in a theoretical and methodological perspective that aims to highlight the complex intersections between care, gender, sexual orientation and emotion and to show the necessity to rethink our understanding of care and its multiple potential implications. More inclusive, comprehensive and in-depth analyses of informal care can help us to grasp important insights into the several ways in which people experience different forms of power and status dimensions, different forms of social exclusion/inclusion and different forms of entitlement, along an ideal-typical continuum which goes from the highest levels of inclusion and emotional gain to the highest levels of exclusion and emotional drain, and in which the different ways *to do gender*, *to do care*, *to do class*, *to do race/ethnicity* and *to do sexuality* must be carefully assessed.

Towards New Paradigms to Study Care?

More efforts need to be invested in working through the implications of the complex intersections between care, emotions, gender and sexualities. In my view, the idea of a reflexive, social and emotionally charged self, constantly under construction—an idea originally developed by symbolic interactionism and supporting the several accounts of the social construction of sexuality (Gagnon and Simon 1973)—offers a practical and preferable alternative to essentialist explanations. Reframed in this way, the study of care can also account for the complex relationships between emotion, gender, sexuality *and* politics, and develop new interpretations of the multiple implications related to the transformation of relationships, intimacies and care occurring in modern societies.

Research is showing the crucial links between citizenship and sexualities (Wilson 2009; Langdridge 2013) and the necessity to develop broader definitions of citizenship, including cultural dimensions and new forms of belonging, beyond the traditional contexts of law, politics and welfare (Turner 1993, 1999b; Pakulski 1997; O’Byrne 2003; McLaughling et al. 2011; Richardson and Monro 2012, Yuval-Davis 2007). More specifically, a growing literature on same-sex partnership and parenthood has discussed the ways in which non-conventional forms of intimacy and care may represent an opportunity to overcome the binary logic of social, legal and political entitlement and redefine conventional notions of families, intimacies and relationships (Berkowitz and Marsiglio 2007; Duncan and Smith 2006; Hicks 2011; Langdridge 2013; Mallon 2004; Rabun and Oswald 2009; Roseneil and Budgeon 2004; Smart 2007; Stychin 2001, 2003; Stacey 1996; Weston 1997; Weeks 1998; Weeks and Heaphy 2002). This broadening of customary notions of families, intimacies, relationships and parenthood has also implied an expansion of the concept of citizenship, not only with regard to the acknowledgment of sexual diversity but also in terms of plurality of lifestyles and choices (Plummer 2003).

A few years ago Giddens was talking about “emotional democracy” (Giddens 1992), discussing the idea of sexual or sexualised citizenship in our fluid and reflexive modernity. The democratic restructuring of intimacy into new forms of sexualities and relationships based on ethics of mutual care, love, trust and respect for others, would possess an emancipatory potential conducive to personal and therefore social democratisation. Giddens used the term “pure relationship” to describe a relationship of sexual and emotional equality which would be at the basis of the democratic restructuring of intimacy. According to this model, gays and lesbians would represent the pioneers of the practice of emotional democracy in our late modernity, shedding light on the power dynamics of heterosexual relationships while simultaneously playing an avant-garde role in the ongoing transition towards a sort of radical democratisation of the personal sphere (Giddens 1992). But the limitations of this somehow simplistic and glamorised analytical perspective have been highlighted, among others, by Duncan and Smith (2006), Jamieson (1999) and Roseneil (2010) as well the necessity to find alternative routes to study family care, relationships and intimacies. In this respect, Gabb’s original

contributions provide us with innovative conceptual and methodological frameworks for grasping the complexity of the processes shaping intimacy and sexuality in contemporary families and challenging dichotomous interpretations of private and public spheres (Gabb 2008, 2009).

From the interactionist and constructivist perspective adopted here, the comparison between same-sex and heterosexual intimacies or care relationships is neither considered productive nor the main purpose of this study. Whether or not same-sex parents are different from heterosexual parents, and whether male and female parents are really different, do not represent the main questions of this book. What is of concern here are the *hows* and the *whys*; that is, the ways in which and the reasons why male and female parents/carers and, among them, same-sex parents/carers, are constantly and situationally constructed as either different or equal, and the theoretical and political consequences these social constructions imply in terms of inequality. Even more important are the emotional dynamics emerging from the internal conversations through which each parent/carer constructs their difference; a difference which is subjectively interpreted and then transformed either into inequality or in the possibility for social inclusion and social change, depending on the *lived* and *felt experience* of care activities, responsibilities and chains of interactions. The next chapters explain the mechanisms through which such emotional dynamics are connected to social inclusion and social change, and further clarify the ground and the scope for a new theoretical framework to study care and its real (and not reified) connections with the reproduction of social inequality.

Notes

1. In sociology, Gordon (1981) distinguished *emotions* as relatively undifferentiated bodily arousals from *sentiments* as combinations of bodily sensations, gestures and cultural meanings learned in enduring social relationships. Thoits (1989) differentiated between *feelings*, which include the experience of physical drive states (e.g. hunger, pain and fatigue) as well as emotional states; *affects*, which refer to positive and negative evaluations (liking/disliking) of an object, behaviour, or idea and possess intensity and activity dimensions (Heise 1977); *moods*, which are usually more chronic and less intense than emotions, and less tightly tied to an

eliciting situation; *sentiments*, as “socially constructed patterns of sensations, expressive gestures, and cultural meanings organized around a relationship to a social object, usually another person” (Gordon 1981); and *emotions*, as culturally delineated types of feelings or affects. Following Turner and Stets’ suggestion (2005), I will use here the term *emotion* as subsuming the phenomena denoted by all these different labels. For a thorough analysis of definitional issues and an extensive review of the sociology of affect and emotion, see also Lynn Smith-Lovin (1995).

2. For a recent, introductory and critical overview of the work sociologists of emotions have carried out so far, see also Bericat (2012, 2015). For an exhaustive review of interdisciplinary approaches to emotions and their relationship with social structures, see the article by Von Scheve and Von Luede (2005).
3. An interesting overview of research that focuses on the neglected experience of men as caregivers is offered by Betty Kramer and Edward Thompson (2005).
4. Notably, it allows us to explain the inconsistencies between people’s attitudes and behaviours. As Collins puts it in the following passage: “What IR theory adds to contemporary cultural theory in this regard is that what people think they believe at a given moment is dependent upon the kind of interaction ritual taking place in that situation: people may genuinely and sincerely feel the beliefs they express at the moment they express them, especially when the conversational situation calls out a higher degree of emotional emphasis; but this does not mean that they act on these beliefs, or that they have a sincere feeling about them in other everyday interactions where the ritual focus is different” (Collins 2004: 44).
5. “Every individual goes through many situations: indeed, a life time is, strictly speaking, a chain of interaction situations. [...] An appropriate image of the social world is a bundle of chains of interactional experience, criss-crossing each other in space as they flow along in time” (Collins 1984: 387).
6. Wiley as well as other scholars talk about a similar concept by using different terms such as *shadow others*, *shadow selves*, *hidden selves* and *absent others* (see Wiley 1994; McMahon 1996; Doucet 2006; Archer 2003, 2007).
7. Getting insights into the emotional stratification produced by parental care was not an easy task and it required a qualitative multi-method approach, which I describe with details in the appendix of this book.
8. Collins (2004: 272, 291, 295).
9. The interview question was: *Do you think other people started thinking of you in a different way since you became a parent?*

10. For a recent contribution to critical heterosexual studies, see also Ingraham (2005).
11. Actually, they are “PACSeD”. At the time of the interview, and before same-sex marriage became legal, in France, a *Pacte Civil de Solidarité* (civil pact of solidarity) commonly known as a PACS was a form of civil union between two adults (either same-sex or opposite-sex) for organizing their joint life. It brought rights and responsibilities, but less so than marriage.
12. See Rosanna Hertz (2006), Frank Furstenberg (2002, 2005).
13. Townsend (2002).

5

The Dark Sides of Care

The specific focus of this book is on same-sex parents, viewed as a key subject to visualise and understand the link between *doing care* and *doing social inclusion* and *social change*. Yet, in order to clarify the ground and the scope for a new theoretical framework to study care, it is important to consider potential overlapping elements and specificities emerging from a comprehensive analysis of both heterosexual and gay/lesbian parents and to say something about the other type of care which, although not particularly emphasised in the book, still represents an important component of the vast empirical research on which the book is based: elderly care. This and the next two chapters are devoted to this aim, based on the analysis of some of the key themes emerging from the empirical material.

Most certainly, the themes emerging from the extensive phenomenological analysis of care practices and their multiple sides and implications are numerous and it would be out of the scope of this book to illustrate and discuss them all. Therefore, this chapter focuses on a key thematic area which I called “the dark sides of care”—or the *draining aspects of care*—which includes a wide-ranging group of sub-themes or *nodes*,¹ to use an N-VIVO terminology, that can make of care a particularly challenging

and/or problematic experience. More specifically, it illustrates and discusses the conditions under which care becomes a potential site for unsuccessful and emotionally draining forms of interaction rituals. Since one of the objectives of the study was to build a wide-ranging phenomenology of the emotions revolving around care through a *thick description* (Geertz) of the qualitative data collected at the micro level, this chapter is also aimed to provide a more accurate and comprehensive description of the phenomenon of care and—somehow—to counterbalance the subsequent chapter, which instead will illustrate examples of the less explored and less visible dimensions of care or the “bright sides of care”, that is, the conditions under which care becomes a context of successful and emotionally empowering forms of interaction rituals. As we shall see throughout this chapter, however, even in the darkest regions of the phenomenology of care, there is room for unanticipated glimpses of light, which seem to even further reinforce the idea that care is a strategic site for the production of emotional energy (EE). In what follows, some of the examples of the draining aspects of care (or its dark sides) are summarised and organised in groups of quotations introduced by key sub-headings.

A Child Is Forever: “Before” and “After” Times

One of the first not-so-irrelevant truisms about childcare is that a child, unlike a partner, is forever. People cannot divorce or be fully exempted from their childcare responsibilities. Once you are a parent, you remain a parent forever—Morgan reminds us in the following excerpt—and, during the first years of the baby’s life, you are a parent almost 24 hours a day:

[...] one of the things with Henry is that he’s always there. So I mean it’s not like 24 hours a day but it’s, you know, like 12 hours every day and mostly he’s awake when you’re awake, I mean there’s a lot of responsibility for—and so this is one of the things about like thinking about caring for him is that it’s partly having to do specific things for him, like Henry needs to be fed, Henry needs to have his diaper changed, Henry wants to go for a walk. [...] But it’s also that at any time someone needs to be responsible

for Henry. And like I'm a responsible feeling person and I just felt like boy, I just cannot be responsible for this kid this much, you know, this is just too much responsibility. Not sort of the, you know, the awesomeness of it, just the amount of hours. And so that's something that I've, you know, we've tried to work that out.

Morgan (41), who at the time of the interview was in a tenure-track position at a liberal arts college, is married to an assistant professor with whom he shares not only his life and childcare responsibilities but also his job through a job-sharing work option. He loves, or rather, would love to paint and have more free time for his hobbies. During our long conversation, he candidly admits that care responsibilities, originally, had not been contemplated. Nonetheless, beyond what he told me during the interview, the way he acted and interacted with his child—his lovingly and caringly holding and entertaining the child during the entire interview was indeed manifest—allowed me to get a much more reliable picture and much more reliable insights on the bright and energising aspects of his care responsibilities.

By the same token, Emily underscores how the gruelling aspects of 24-hours-a-day care may involve not only menial chores or tasks but also the thinking process itself, evoking the crucial theme of internal conversations:

Yes, he drains a lot of my time and my thoughts. I think of him when he's not around, especially now that we're going through such a big change, you know, moving back to Xxxxxxx. [...] I think before, before it was more, you know, ride life as it comes. Of course, we had projects, we came here, we wanted to get our Ph.D. but ultimately it was more an adventure, if it works out well, you know, we're gonna do our best to adapt. Now I feel I have less room to adapt if something happens, I have to worry about him more, yeah. [...] All the time, yes, I feel very, I feel, yes, I feel that all the time. I feel that I'm limited, for example, I feel that I feel tired all the time and that limits me. [...] [...] I was, even as much as I love Liam, you know, it's an obligation, you have to do that, you can't postpone it, you have—so I was always doing something either for him or for my work. And I felt very constrained. [...] and, you know, say okay, or take a shower, you know, that's something that all of a sudden became something that you

treasure so much because you don't have that time to do it without having to run.

And yet, as we will see with more details in the next chapter, devoted to the energising and empowering aspects of care, Emily is also one of the most fervent supporters of the idea that care can be one of the main drivers to increase work productivity. In fact, far from becoming less important, work seems to assume for the majority of the caregivers the function of a safety valve, not only to contain the draining and energy-consuming effects of care responsibilities² but also to be a better parent. Such is the case of Gillian:

Yes, yes, I was doing my PhD and then I was at home, Simon was on sabbatical also, so we were both at home with her all the time. And we couldn't send her to a day-care centre because she was prone to infections and things like that, so she had to be isolated from other children. And also babysitters were not possible at the beginning. So we invested a lot of time in her, too, and by the end of that year that was spent mostly with her, I realized that in order to be a better mother, or a happier mother, I needed just to work outside of the house. [...]

One of the key issues connected to childcare is the internal struggle between the commonly shared idea that “children come first” and the necessity to reconcile such idea with a wide variety of other tasks, roles and responsibilities, but also hobbies, interests and leisure activities. A vastly misleading assumption is that the world can be divided into two main categories: those for whom having or not having kids is a sort of “natural” consequence of their life choices and those for whom procreative options are not contemplated at all. Such a misleading assumption hides the considerable range of varieties and possibilities of all those people—the vast majority—who lie in between. It is probably not by chance that both the rhetoric of parenthood as a sort of naturally forthcoming gift that is expected to bless heterosexual couples and the rhetoric of petty-bourgeois feminism connected with the idea of the “feminine mystique” (Friedan 1983/1963) are clearly challenged, more than by any other parent, by the truly genuine “mothers by choice” of my sample, that is, lesbian mothers.

This is the case, for example, of Allison, a lively and upfront teacher who criticises the often unspoken ambivalence about parenthood typical of most parents. She in fact acknowledges that the loss of control over time and interests is one of the biggest trades-off of childcare responsibilities:

...No, I don't mean that it's important to do it or not do it, I think some people want to, some don't. And I wasn't sure I wanted to have children, I wasn't sure at all because I didn't know if I wanted to give up my life, you know. Because the baby has to come first for many years. And I'm still ambivalent about that many times. But I think most everyone is. [...] Yeah, I think the biggest thing that I lose is just, it's just control—everybody has this, I guess, just control over your time and your tasks. You know, I used to be someone who would come home from work and relax for a little bit and then kind of make a list on paper, in my head, oh, okay, I have to do these four things. I might not get them done but if I didn't get them done it was probably my fault, you know, or I decided to do something else. And that just doesn't happen anymore. So it's not, you know, it's sort of not my decision what I do next or how long I have to do them.

This is also the case of Maeve, a mother of two biological children and of a third adoptive child on his way, who describes childcare as a sort of sport race, where, once you have moved in, you never stop running. Her experience of parenthood is like a contest in which the biological time and the time one would like to dedicate to professional career or other personal interests almost never get along very well:

[You cannot anymore] come and go freely, step out and do anything, it was a very drastic transition. I don't think I was prepared for that, but you just keep running with it, don't look back. [...] So I feel like I'm running constantly. [...] I remember thinking, you know, five years ago, I wish I could wait 10 years to have children but I knew I couldn't, at 40 I can't wait 10 years to have children, so like now or adoption or finding a younger wife [laughter].

The theme of the almost total loss of control over daily routines is also raised by Christian, a heterosexual single father. Consistently with what most respondents told me, Christian draws attention to the gap between

“a before” and “an after” period, although, as an adoptive father, he surely had more time than the standard nine-month period to develop his procreative consciousness and parental identity.³ Regardless of the different ways one might achieve parenthood, he seems to imply that there is always a life before the child and a life after the child, and the two differ quite drastically:

I mean he's certainly been a great part of my life. But it's hard to, you know, I don't know how you measure that. So I'm clearly happy with my decision, it's just that people always ask me is this what I expected. And I don't know what I expected. I guess the reality is, and this would probably go for anybody, even somebody that just had a child of their own, somebody who was pregnant, I don't think anybody really thinks about how hard it is. You can't really contemplate, you can't really know that until you have a child. And even me, before I had a child I used to, I never would understand, like I'd call friends who have children and they would never, you know, it was harder to reach them or they wouldn't write e-mail and I'm like how busy can you be, the child is probably sleeping or they're in school. But now I understand, I mean of course I'm working also, some of these people were not working, but I mean it's just, you know, I mean I try to keep in touch with a lot of people but [...] I mean like in days before I would like go out drinking or I would at least have the energy to talk to friends on the phone. And now it's just like, I don't know, I want to go to bed and just... [...] Sometimes I just feel like I have too much. I mean there are times I just feel overwhelmed and I have to just sit back and work through it in my head.

This overwhelming sense of loss of control over the usual daily patterns and routines is shared by all parents, regardless of their sex or sexual orientation. The presence of a new-born baby—who is completely dependent on you—forces people to renegotiate not only their habits but also their relationships with others and within the couple. This may create some tensions, but it can also represent an opportunity to reconsider one's priorities and develop or discover new skills, precisely because it involves engaging with a completely new existential design. In other words, parenthood opens up new, unexplored landscapes of meaning, in which people experience new cognitive and emotional styles and need to rediscover themselves while confronted with something totally unknown.

Care Loops, “Good Parenthood” and Financial Constraints

Another not-so-infrequent occurrence characterising the care experience can be a chain of adverse events that sometimes overlap with each other, making of it an almost unbearable experience both from a practical and emotional perspective. Jodie divorced immediately after she had her ten-year-old son, while she was still building her professional career in a country where she could not rely on any form of care or family network. Thus, during the first years of her parenthood, she was completely alone in dealing with care and work-related responsibilities. Then, partly because of these challenges, she also lost her job. After many vicissitudes, combined with a difficult economic situation, at the time of the interview she was living back home, she had a new relationship and she was supported by a quite rich social network, which included her parents, her sisters and several friends. But, eventually, other care-related issues emerged, overlapping with childcare and raising, once again, important concerns in terms of financial constraints. In the following quotation, Jodie describes a difficult period during which her present partner lost her job because of a serious illness, which resulted into an additional and unanticipated care and financial responsibility for her:

You get really tired sometimes, you get really, really tired and discouraged. You know, when things don't work out or there's not enough money coming in or whatever, you get discouraged. With all these health issues I get really discouraged because we're struggling with the medical system so much because, you know, they don't really know what's wrong, the doctor sends you to another doctor and another doctor and it's really disheartening. It's very disheartening, especially cause, you know, she's young, she wants to do things, you know, very active, very high energy, so this is like we were going down this road and all of a sudden it was like a big brick wall came down, like errrrrr, stop, you know. All right, so then we had to—and sometimes it's very discouraging.

The literature on the care deficit and crisis (Benería 2008; Ehrenreich and Hochschild 2002; Fraser 1994, 1997, 2016; Hochschild 1995, 2003;

Thorne 2004) has highlighted the increased polarisation within the context of care between those who can afford to lessen the time strain with some outsourcing of caring tasks and those who are literally crushed under the burden of care work.⁴ As I explain in the second chapter and further clarify in the methodological Appendix, the sample of this study is mostly (although not exclusively) composed of middle- and upper-middle class caregivers for several reasons. Suffice it to recall here that one of the reasons underlying such a choice is that middle- and upper-middle class subjects control the production of behavioural standards most valued in advanced industrial, neoliberal societies and tend to define and impose dominant ideas of masculinities/femininities, work and care balance standards and standards of what is considered to be a *good parent*. In other words, understanding the changing nature of these dominant ideas and standards—rather than considering how care intersects with the class dimension—represents the explicit and declared scope of this book.⁵

Nonetheless, the above quote is interesting also because it highlights how the care deficit—although with radically different implications and different types of resources and constraints—affects all types of caregivers, regardless of their social class. It is also interesting because people can experience different forms of downward social mobility, particularly in relation to separation and divorce and within the context of neoliberal politics and policies characterised by a constant withdrawal of the state from many areas of welfare provision and a growing commodification of care.

Another typical source of EE-drain connected with care concerns the gap between people's professional ambitions and what they manage to achieve in reality. Indeed, what Jason underlines in the following quotation clearly indicates a certain uneasiness vis-à-vis his relatively modest, low-profile job; an uneasiness which emerges from his internal conversations with a whole series of *generalised others*. During the interview, Jason appears confused about several other issues, including what it means to be a "good father". However, what seems to mortify him the most in terms of professional career—and even to induce in him almost a sense of shame—is what other people, and particularly his colleagues, might think of him:

- R: I just always kind of feel like I'm not doing enough or, you know, messing up my kids' minds somehow. And also in academia [...] even though I am kind of at the place where I am pretty happy right now, I know the rest of academia and my professors here and some of my other graduate students kind of would see teaching at a dinky little liberal arts school as, well, that's nice but, you know, too bad you didn't do more. I just saw it in my job here and, you know, there is a sense of—we didn't talk much about it, but...
- I: You mean you perceive that, or...
- R: I perceive that, yeah, I perceive a little sense, and I feel a sense, almost a sense of shame, kind of like you could have done better.
- I: That's interesting; but you feel that this is mostly coming from yourself or you feel that this sense of shame is reflected from the others, too?
- R: Mostly from the others. But I feel a little, like I wish, I think I could have done more in graduate school, say, to position myself to maybe teach at a top, more of a top level liberal arts school or a medium level research university kind of thing. And I wish I would have done that. Those aren't huge regrets, but they are, I do regret that. And part of that is due to, I think, becoming a father during graduate school, you know. I shifted my priorities then and didn't put as much into getting into the right research project or publishing my Master's thesis. [...] I mean in a lot of ways I wish, there are many days where I wish I could go back to the point where you're at right now and be, you know, just work a little bit harder. [...] I think some days about going back to doing that. I won't but, you know, would that make me feel more adequate somehow? I don't know.

In Jason's case, however, the major source of EE-drain connected to care is linked to his feeling torn between his status and role of father and his recent coming out as a gay person, a fact about which he is not open with everybody: at the time of the interview, he still had to find a way to reconcile his (new) status as a gay man with his (changing) status as a father of two small children in a heterosexual marriage. Jason is one of the many respondents with whom I had the chance to talk on several other occasions, beyond the interview context, and this gave me the possibility to get more

insights about his feeling torn between his allegedly conflicting statuses and his painful existential angsts; many of which, for obvious reasons, are not reported here. In the next interview's excerpt, Jason is trying to explain what it feels like to experience such a conflicting condition⁶; he tells me that he is hoping that, in the future, he will manage to become "more gay":

[...] Any time spent pursuing being a gay man feels like time spent taken away from being a dad. And I haven't found a way to integrate those. [...] Because in my mind I can justify that part of being a dad is doing paid work and bringing money home to be able to support the family—part of being a parent, I should say. [...] But I can't justify that when I go to a GAMMA meeting, say, or I go to Xxxxxx, you know, a gay bar—not to pick up people, but just to be around gay men, you know, and just to hang out with friends. It feels very disconnected to me at this point. And so in terms of the [existential] ladder, I kind of hope that down the road I will be able to—maybe as the kids separate themselves and become more independent, then I can become more gay [laughter].

A Nine Years Long Pregnancy

Jason's account represents an example of how some of the draining aspects of care highlighted thus far—which commonly tend to apply to all type of parents—intersect with sexual orientation. Parental care can be, for some, a draining experience not only in itself but also because it can be difficult to get to it. While this also applies to those heterosexual couples who have infertility problems, the additional challenges to attain parenthood, in the case of gay and lesbian parents, represent an inescapable fact. Attaining parenthood through pathways other than heterosexual intercourse can foster creativity and imagination, but it can also be extremely demanding and draining, both financially and emotionally. At the time when this study was conducted, Jack, Ishmael, and their beloved six-month old daughter were a wealthy, relatively happy family owning an elegant restaurant in the city centre of Philadelphia. Getting to that point, though, was not an easy goal, and, before they could finally manage to adopt their daughter, they had to go through a series of major obstacles which lasted nine years and costed them a great deal of emotional troubles, including a

clinical depression. In the following dialogue, when Ishmael compares one of the many failed attempts to adopt to a miscarriage involving grief and bereavement, the dramatic tones of such emotional journey clearly emerge:

- Jack: Well, we had been picked three months before that by a 15-year-old girl who was gonna have a boy. And that fell through, that was a horrible experience for us. That was another part of the horrible nine years of like hell because we got really excited
- I: So it was difficult, all in all; [...] you had several kinds of steps, I mean, several kinds of possibilities that didn't work.
- Jack: Yeah, it was very
- Ishmael: And some got very close. The last one that got really close, and that's when I really knew how powerful the emotions really were, when this baby that we
- Jack: Thought we had
- Ishmael: That we thought we had for like [...] Yeah, we knew about it for two weeks.
- Jack: Two and a half weeks, but
- Ishmael: The moment I heard about the possibility, I just like, I just filled up with like a rush of like hot temperature from my feet up to my head and I felt like I was gonna explode, I was so happy. And then when that didn't work, we actually went through a depression like we lost a child, it was very powerful. And then that's when we, that's when I knew like oh, my God, this is just huge.

Necessity to Protect Children from Discrimination

Once parenthood is attained, another potentially draining aspect of care specifically connected with the caregivers' sexual orientation is the need of gay and lesbian parents to protect their children from stigmatisation and discrimination because of their being born and raised in unconventional families. There are several ways to be discriminated against and several

contexts in which this can happen. One of the first concerns in fact emerges from the very beginning of the procreative choice, particularly when this is connected with adoption. What kind of child can we adopt? This is the question that the majority of the gay and lesbian parents I met, especially male subjects, ask themselves. And in that “*can*” should be included not only available options in terms of adoption agencies that do not discriminate against same-sex adoption but also several other considerations such as race/ethnicity, age, gender, country of origin or health-related issues of the adoptive child. All this, quite obviously, has nothing to do with issues of personal preference, but rather with the potential implications for the child’s emotional and psychological well-being.

For example, for a couple of white male adoptive fathers, choosing to adopt an African-American or an Asian child might imply, as Curtis and Omar explain below, adding an extra layer of pressure and potential stigmatisation upon the child:

- Omar: I feel that us being gay parents, having a black or a Chinese baby, it will be putting an extra layer of pressure on the baby.
- Curtis: He’s gonna have a lot already.
- Omar: That’s not needed. I mean I have a friend, she adopted a girl in Barcelona, really nice, perfect, but everybody knows she’s adopted and who’s her mom. It’s just like...
- Curtis: It puts you on the spot.
- Omar: You don’t want your kids to be, in fact it’s enough, those kids are gonna be going to school with lots of kids and they will be educated by, some of them are going to be well educated from good households and some of them are gonna be, look at it from like ... and then they’re gonna be making fun of them. So how much do you want to expose them to all of that?
- Curtis: Yeah, our sons are gonna be, have to deal with having gay parents already, and to be, you know, if it just so happened, like the only black kid in a class with gay parents, it’s tough. You know, you’re just putting a lot of things for a kid to have to deal with emotionally. And we felt like having two gay dads is a big enough emotional challenge for a little boy to have to, or a little girl to have to deal with that that was enough.

Perhaps, it is partly because of such dilemmas that, eventually, Curtis and Omar opted for surrogacy. However, it is evident that similar dilemmas and considerations do not affect heterosexual couples in the same way. For these latter, on the contrary, adopting a child of a different ethnicity can even add an extra layer of worth to their individual's reputations and statuses.

Another common concern of gay and lesbian parents is the necessity to protect their children from verbal violence and harm while, at the same time, allowing them to navigate through the real world and making them aware of the "importance of diversity".

Berenice: I just don't think our kids have ever even heard of the word, gay. Once in a while, if we're on the playground and there's, there just happen to be two women with their kids, they may or may not be a couple, and my daughter will say, oh, look, there's another family with two mommies and their kids. They're looking, they're also curious, they're, you know, beginning to have awareness and I don't want them, you know, you want to protect your kids and not have them, especially from families, who's gonna be very myopic and hurtful.

Glenn: Oh, I mean we have friends, you know, same-sex families with kids and we have friends who are not same sex families with kids, and I'd like August and Perry to be exposed to both of them. I mean it's important to me that they see families of different combinations, so if we didn't have the socialness with some friends who have, same-sex couples, both men and women with children, perhaps we would pursue that kind of association more [the respondent refers here to the local association of same-sex parents], because I do think it's important for the kids to see that, that they're not alone in this sort of family type.

And indeed, a growing number of heterosexual parents seem to become more aware, them too, of this important pedagogical aspect: education to diversity; but whereas for many heterosexual parents the

opportunity to expose their children to a variety of “families of different combinations” can be a desirable option, dealing with the issues of diversity and education to diversity represents one of the many unwritten, imperative rules for all gay and lesbian parents. More often than not, then, a careful choice of the living area, the school or day-care, and the people to include in the circle of closest friends represents another common pattern characterising all same-sex parents I met, as exemplified by Forrest’s account below. Occasionally, however, the process of *positive contaminations* can go both ways: choosing a gay-friendly area of the city can make same-sex parenthood more manageable; yet, sometimes, it is precisely the presence and visibility of same-sex parents that transform a city area into a gay-friendly one. I will come back to this very important aspect later on.

We purposefully chose to live in a big urban metropolitan setting like Philadelphia where there’s gay people. We joined an organization like XXXX in Philadelphia [...] so that Arabel can see that she’s not the only person like that, that there are other kids with mothers and dads. And so we have tried to intentionally make decisions to make it easy on our kid so that she doesn’t feel strange. But again, I think we were only able to do that because we have money, we could move from, we could not, we could live here, we don’t have to live here. But we tried to set up our situation so that it’s easy for the kid, for the child.

At times, there can be similar kinds of considerations for heterosexual adoptive parents, be they single or partnered. However, differently from same-sex adoptive parents, heterosexual adoptive parents will not have to deal with discrimination related to sexual orientation, but rather with other issues, such as disclosure or other forms of diversity. How can they help their adopted child with the issues of ethnic and cultural background? How can they explain their adopted child that they do not have mommy and daddy in case of single-parent adoption, as it happens in Christian’s case? Christian—a heterosexual single adoptive father—did not seem to be excessively concerned about these issues when I met him, partly because he lived in a diverse environment (NYC) and partly because he was not excluding the possibility of finding a wife (and a mother for his adopted son) in the future:

And I have a lot of friends who were adopted and I have a lot—my friends here in New York City are very diverse. I have a lot of Asian friends and White and African-American and Latino and whatever, so I mean from that standpoint it's not like, I'm not like some white couple in the suburbs who has like an Asian kid who will be totally whatever, I mean he will have a lot of Asian role models, aside from having me as a role model. And living in New York City there is diversity all around, like in this building or wherever we are. So I think from that standpoint he, you know, a lot of adopted kids sometimes do have issues when they grow older about who are they, why are they here, you know, what about their parents or their natural born parents, what happened to them and, you know, cultural issues and all that stuff. And I don't presume to have answers for all those questions but, you know, I think that people who adopt children are probably all looking to provide a loving household and sometimes it works and the kid has a great life and loves the parents and sometimes it doesn't, you know, whatever, just like with any family, I guess. I mean because I have experience with adopted friends and my brother, like I said, I don't think my son should not feel at all out of place living in my life, I don't think, except that there's no mom here, at least right now. There may be a mom later.

Eliza, a heterosexual single adoptive mother, is planning instead a trip to her son's country of origin so that he can get an idea of his origins and ethnic background, and perhaps visualise, as she says, the customariness of his physical appearance, which some of his classmates might instead perceive as uncommon in the United States:

We have, you know, there are conventional family friends but then you also have a gay, you know, gay couples without children, gay couples with children, many different configurations, and different race configurations as well. And so I like that. My sister-in-law is Chinese and my niece and nephew are, you know, half Chinese, and I think that that's also a nice, you know, thing for him in terms of [...] some kind of identity. I think one thing that I hope we can do is, you know, spend time in Vietnam so that he can sort of get a chance to, not just the culture but just to see physically that he's like so many people. Whereas he's likely to be, you know, one of the smallest kids in his class, you know, he's very petite and he's so thin; but it's not unusual, you know, like in terms of his ancestry, it's very common. [...] I'm not really worried about it, but I just kind of feel like it will be

good for him to have an idea that he's not the one kid who's this small, but that there are hundreds of millions of kids, you know. So I just feel like going to Vietnam can have some benefit.

Entitlements' Dilemmas (and Other Quandaries) Within Same-Sex Couples

There can be several other potentially draining aspects of care which are specifically related to gay and lesbian parenthood. One of these can emerge from dynamics of power imbalances within a same-sex couple where only one of the two partners is the biological parent. Sometimes, these dynamics can even prompt a conjugal crisis. This is the case of Pamela, a single mother separated from her same-sex partner who happens to be the biological mother of her two children. After a period of crisis linked to the separation, the two ex-partners eventually found an agreement for a 50 per cent custody sharing. At the time of the interview, they were in very good terms. Pamela's ex-partner was also engaged in another relationship. When I met and interviewed Pamela, her two children could rely upon the care of three moms on an equal basis. At the time of their separation, however, Pamela felt that her partner "had more of a say" when decisions regarding childcare were involved:

- I: And do you think that this perception of a different kind of balance was one of the reasons why [...] the relationship eventually broke up [...] because you felt that there was an imbalance in this respect?
- R: Yeah, there was. And I think part of it is I think as the biological parent [she] felt that she had more of a say in decisions regarding the kids, although she didn't say that, but I felt that from her. And I brought it up and she denied that she felt that way but it came across in that way on more than one occasion. I mean she complimented my parenting and all of that but I always felt there was this underlying what she says goes.

In the following excerpt, Pamela also describes how difficult and challenging the relationship with her son can be, despite the fact that, when he was born, she was the primary caregiver as a stay-at-home mother. If

some of these dynamics can also occur within the context of a heterosexual couple, they assume completely different meanings and implications within the context of a same-sex couple, especially in a two-mom couple, where notions of motherhood, cultural scripts and ideologies associated with the concept of *feminine mystique* (Friedan 1983/1963) are interestingly challenged and rewritten in a completely new perspective:

R: It was interesting because being the non-biological parent I wanted to be home with the kids to make that extra bond, extra connection. And I don't know if it was, if that actually happened or not, it's hard to say but he and I have had a more difficult relationship than he and my ex. [...] I mean we're very connected but it's different, it's a little bit different. I think maybe she understands him better than I do or is more like him and can relate to him better than I can, if that makes sense. I don't know, I mean he still loves me dearly, I know that. He's also very affectionate and, you know, so there's, we can go within an hour or within a half an hour we can go from, you know, the most furious, ahhh!, I can't believe you're my parent, and then he can be hugging and kissing. So yeah, there's a lot of [...] Yeah, I've kind of learned to go with the flow and know that it will pass. I'm not always gonna make decisions that he's gonna like, you know. It's been a challenge, definitely a challenge.

Critical Care, Lack of Resources and Families of Choice

The draining aspects of care can become particularly evident when elderly care and critical care are involved, and although the main focus of this study is parental care, it is worth providing in this chapter some examples of other experiences of care in order to visualise how dynamics of inclusion/exclusion and the production of EE occur regardless of the type of care and of the characteristics of the caregivers involved in it. Joyce and Janice, taking care of their elderly parents, highlight an interesting distinction between childcare and elderly care, a distinction which has to do with being or not in control of the person cared for and having or not the possibility to make clear-cut decisions regarding their care choices. When

childcare is involved one feels totally in charge and responsible for the care-receiver; yet, when it comes to elderly care, Joyce and Janice maintain, there are a lot of grey areas where one does not really know what the right choice to make is and whether this is the same choice the care-receiver would make. This creates additional sources of stress, particularly in a context where people know they are dealing with a closing chapter of life:

Janice: You know, it's interesting as I look at the pictures of the kids and the caretaking around families and I think what's so dramatically different is that caretaking of children, you're in charge, you're not dependent upon anybody else, really, to kind of provide the support. In other words you're not depending

Joyce: You're in control.

Janice: You're in control. Where with the elderly

Joyce: you're not always in control.

Janice: It's more dealing with bureaucracy and the infrastructure and the healthcare system and navigating that than [phone ringing]

Joyce: Yeah, but again, [with childcare] you have choice and you're more in control. You can either put your kids in day-care or you can hire somebody to be at your house or you cannot work as much and be home with them more, you know, you have all of those range of choices to go through. And kind of what Janice's talking about was when the stroke first happened, we were at a hospital talking to doctors going, is she gonna come back—oh, we don't know. [...] But yeah, I think that Janice hit on something there, that with kids there's this promise of what will come and what you can give them for the future. And with dealing with parent issues, it's an ending and a closing and trying to have things end as good as possible. But you lose so much control. I think that's what makes it especially stressful, scary and hard. With kids it's kind of like you're in it together and there's no question about you're totally responsible for them being safe and well. With parents, you

know, me saying to mom and dad what do you want is one thing, but if my dad were to have something happen with that surgery where he was not either physically fully capable of being at home or mentally fully capable of being at home, then what do we do, you know. [...] So you have all these kinds of grey areas, you know, where you're not sure what the answer is. It's not black and white, you know.

The sources of emotional drain while caring for the ill, elderly family members or even dying people intersect with many other factors. The time and the context in which care take place, the level of financial resources available, the family background, the personal characteristics of the caregivers and, above all, the social resources and care networks upon which one can rely, can make a considerable difference both in terms of quality of care and the caregiver's well-being. Many of the same-sex couples I met, especially when adult/elderly care was involved, talked about their *families of choice*, suggesting broader and more inclusive ideas of family or kinship which also included friends and/or other caregivers. The word *choice*, here, does not always imply a different level of freedom or resources available: cultural background and family history, social capital, symbolic capital, emotional capital, material circumstances, geographical location and personal characteristics always make a dramatic difference in determining the amount and quality of alternative or additional social networks on which people can count on in case of need. However, it is certainly not by chance that most of the gay and lesbian caregivers I met were living between Chestnut Hill and Mount Airy, that is, suburban areas which are well-known for their social, cultural, sexual and ethnic diversity.

Janice and Joyce went through a very difficult period which involved solving a substantial amount practical and bureaucratic problems and figuring out the most suitable care solutions for their elderly parents while working full-time. Despite that, during the same period, they also became part of a local network of friends that was specifically arranged to help and support another lesbian couple—simultaneously engaged with child-care and elderly care—when they discovered that one of the two female partners was affected by a serious form of breast cancer. In the following

excerpt, Janice clarifies what constitutes a family to her and describes the complex but impeccably organised coordination of shifts and helpers through which what she calls “the lesbian community” responded to the emergency:

I’m thinking of kind of larger than the family, family that I’ve always considered friends part of my family. Like in many ways friends are kind of more my family than my family of origin. So for instance, when Frida and Leila were going through some of their trying times over the last two years, with Leila’s mom and then Leila’s dad and Frida’s health issues, we were very engaged in trying to make sure that people provided childcare a couple times a week, people provided meals three times a week. We had a whole system set up that people actually signed up for days. And this was our lesbian community that responded to the downpour of stuff that fell on them for a little while.

Even when there is not such an organised network of helping friends and neighbours outside the family, asking for help to the family of origin seems to represent the last resort for many same-sex couples. For example, if there is a crisis, Brenda and Sydney prefer to call their friends rather than their families, although, quite obviously, this does not imply that friends are always available. It would be interesting to further inquire the extent to which this attitude might be related to the necessity of sexual minorities to affirm an arduously gained sense of independence, autonomy and resourcefulness, and to mark a difference with conventional, heterosexual couples who do not seem to have a similar reluctance when it comes to involve their families of origins for care-related needs⁷:

I sometimes feel jealous about people who have family who live around the corner in one sense, because then there’s someone who can help, and quickly and easily. But in another sense I feel, I mean I do love your family [talking to her partner] but I feel a little grateful that they’re not exactly next door. [...] We don’t have as much help as I would like outside the family. I would rather have more of a network that—we tend to rely on each other more than we rely on other people, which I think is probably pretty common. But I think we also, we organize things such that we won’t

need outside help as much because there's not a lot of it that we feel... [...] Well, I feel, I always feel reluctant to ask Sydney's parents for help, and I don't know if she would admit it or not, but she feels reluctant to ask them for help. One day we were sick, she and I were both on the couch all day. Thank God, Eli was well enough to go to school because if we had to be with him all day, it would have been horrible. And we were both like throwing up all day, it was just unbelievable. And I said, should we call your mother? And she said, no. And I said are you completely sure. She said no, call Gail [a friend of the couple]. Sydney's parents are kind of formal and like we couldn't invite them here if the house wasn't clean and we weren't together and things like that, like yeah.

Critical care, especially when experienced in a relative isolation and without some of the above described social resources, can activate dangerous loops in which people keep going while they try to deal simultaneously with the emergency and with their daily working routines. This is the case of Gill, a Project Manager who at the time of the interview was working for a large American company and had been taking care of her dying father for more than two years. Gill's story also represents a good example of how care and care practices can become a source of EE even in the most problematic and difficult situations. When I interviewed Gill, she had lost her father a few months earlier. In her account, though undeniably problematic, care seems to be, at the same time, the main source of distress and its best remedy; in other words, it somehow represents the source of EE which helps people keep going, even when the levels of stress and exhaustion can be very high:

It was hard. I did not go on vacation for the last two years; I did not do anything but work, play some sports locally and take care of my family. And, you know, I had a drink every night when I got home, I had a glass of wine as soon as I got home because that was the only thing that I could, like I needed to decompress for a half an hour by myself. Every day was a fight, was a struggle. I got up because, and I got out of bed and I went to work because I knew that I might have to take care of my father for the rest of his natural life, however long that was [...] I got up in the morning because my dad was around. That was what I did.

Gill's painful care experience was further complicated by the fact that she had not only a difficult relationship with her mother but also additional care responsibilities towards one of her aunts (her father's sister). Gill had also a younger brother and a mother who could have been more involved in family care, but she was the primary (and almost sole) caregiver. She took care for years of both her father and her aunt, struggling in relative isolation. Why should she do all that? Why would she not delegate to someone else at least part of such demanding care work and responsibility? The answer to these questions lies in what I have described earlier on in the book in terms of latent and/or *less visible purposes of care*. Critical care and end-of-life care can have deep repercussions on the caregiver's psychological, emotional and physical health. And yet, they can also possess significant potentialities in terms of production of EE. Beyond the unquestionably draining aspects of her care experience, at the end of her exhausting, painful and solitary care journey, Gill rediscovers a new sense self-worth and describes herself as empowered. Gill's account assumes particularly dramatic tones in the following quote, where she expresses all the fondness she felt for her father, who was an absolute role model for her:

I was the apple of his eye and he was the apple of mine. He was my guy and I miss him. [Crying] I cry daily for my dad. I mean he's been gone for six months—he was the best guy in the world.

What Gill possibly misses is not only her father, but her taking care of him—that chaotic, critical, and distressful period that produced so much stress, but which also represented, in other respects, a sort of drive and a source of EE. What she is mourning is not only the absence of her beloved father but also *the absence of care*, the sudden vacuum created after such a dense and intense emotional period, for better or for worse. The theme of the *absence of care* as well as the theme of the *continuing care for a loved one after their death* represents another unexplored opportunity to rethink care and care practices, and encompasses both the political and experiential character and value of feminist ethics of care work. What is missing from current debates on care with regard to these aspects is a broader understanding that the embodied and emotionally charged relationship with the dead person does not die with the person.

How Western Societies (De-)Value Care

When talking about the dark sides of care, we cannot leave out the multiple ways in which our Western, neoliberal societies devalue care and are unprepared to deal with it. As emphasised by Brown (2012: 1066), “neoliberalism is not just an economic theory, but a form of governmentality” that creates and corroborates commodified and marketised interpretations of the relationships between public and private spheres, promoting personal responsibility and individual choice and autonomy in contrast with collective and equally distributed obligations and responsibilities. While in our societies discourses on care tend to confine it either within the sphere of professional care practices or within the private sphere of interpersonal relationships, care possesses important sociological, political and moral implications in terms of social justice, equality and citizenship. Despite the fact that several scholars have highlighted such implications (Barnes 2012; Knijn and Kremer 1997; Tronto 1994), trying to conceptualise care responsibilities as a public value and universal right equally applicable to all citizens (White and Tronto 2004), social care policies tend to define the notion of *citizen-carers* in neutral terms (Barnes 2012). This has resulted in rising care-related inequalities, based on gender, social class, race/ethnicity, age, able-bodiedness and sexual orientation. Care-related inequalities are even more amplified in a political and economic context in which people are forced to manage their care needs in a self-sufficient way as governments and social/health systems struggle to cope with rising costs, changing demographics and what are often conceptualised as unsustainable care burdens. A sort of collective denial surrounding care is fostered by our strongly market-driven societies and their politics and policies of care. With regard to this collective denial, Claire talks here about the necessity to educate people and prepare them on how to deal with the aging process characterising our societies and with parents or relatives who get older and dependent.

I have always been very interested in how people, when we get older, how do we relate to the society or how do we stop relating to the society. And a few years ago when I was still in Xxxxxx, I had a period of about two years that I was very close to an uncle of mine who was in his late 70s, early 80s,

yeah, early 80s, and he lost his wife and when he lost his wife he started to be very sick, psychologically, and his health was not good anymore. He had perfect health before she died, but it was a huge impact on him. And that was the first time in my life that I had to take care of somebody so closely in, you know, because he really depended on somebody and he just lived across the street from us. [...] And that was a very interesting period for me because it made me think a lot about how this society is not prepared to get old. Even today [...] when you think that people have so many resources and everything, you see that getting older is always a struggle and a challenge for every family and we don't know how to do it. And people don't know how to get old, either. It's almost like we had to be educated for that, in many respects. We are educated to take care of children and babies and we have all this information about all of this, what do you do with your kid and how do you do for your baby and little one, but you are not educated in what to do with your parents when they get older and they need you.

On the other hand, Ruth criticises the typical youth-oriented and youth-focused attitude characterising our societies in ways that tend to ignore and undervalue both childcare and elderly care:

I think that our society falls short with this because we're not really, we're a society that cares about youth, not children and not the elderly. We don't really give to either one [...] and I think we really need to start looking at that aspect and providing for older people and, of course, younger children as well. But especially for the elderly, as our population ages, even though they're trying to pretend they're not getting old. [laughter] But anyway, I think that [...] we really fall short when it comes to caring for the aged. [...] And if people haven't gone through it, they have no clue. But I mean they will at some point, maybe, I don't know. But if some people have a lot of money, and when you have a lot of money then it's easy, that people just hire people or do this or that. But when you have a restricted amount of money, that's another issue.

In the following quote, Guy points to another significant care-related taboo characterising our societies, which has to do with people's right to terminate their life when unalterable, chronic health conditions make it unbearably painful and ethically unsustainable:

And I don't think in our medical community nor in our, either community of children who have elderly parents or elderly people, people as a default decision want to stay alive. I don't think they think about their healthcare choices as...—I don't think enough people say to themselves and have thought about it before anything bad happens to say, look, you know what, I really don't want to do that because I know if I go this route my quality of life, I'll be alive three years or five years, probably my life is gonna be horrible. And now, having been through my experience with my mom and having the benefit of actually talking it out with somebody, and I would have never had started this dialogue, I think, if this hadn't happened with my mom and plus I was studying Buddhism, to actually think about what life is and what choices you should make about your life when you get to a certain point. I think we really, I mean I think I'm talking myself into silence because I'm becoming repetitive, I'm not articulating it very well, but I don't think we have enough dialogue of when we should die, when we should stop making those medical choices, when we should think about the quality of our life. I mean, I'm sorry, we're getting into harder issues, but you know, I thought about this stuff a lot and I think, hopefully when I reach that point I'll have learned from mistakes of some other people, to adopt a different approach. I mean I definitely, you know, having been through what I was through with my mom, I definitely have decided that if my quality of life isn't, and that may actually be to euthanize myself, or request that. I mean, I just, or to have a clear path of, you know, how can I get out with the least pain possible at this point, because I know the five years are gonna suck.

Guilt Connected to Care

Another relatively common theme emerging from the interviewees' accounts within the context of the draining aspects of care is the sense of guilt connected with care. There can in fact be several forms of guilt connected with care responsibilities. Guilt can arise when people feel they are not as involved in care as they wished, when people feel inadequate or insecure about their caring activities, or even when people do not feel enough gratification and satisfaction (as they think they should) from their care responsibilities. In my sample, particularly when childcare is

concerned, guilt is something that typically accompanies women—more than men—from the very beginning of their care experience. Interestingly enough, there are only four exceptions among male subjects who talk about care-related guilt, and three of them are gay men. In general, as we will see more clearly in Chap. 7, men tend to describe themselves as less affected than women by negative feelings (such as sense of inadequacy, insecurity, lack of preparation and anxiety) with regard to their care activities and responsibilities. Whether this is the result of a social desirability effect or of a different capacity and willingness to show their vulnerabilities (or both) still needs to be confirmed; yet, the fact that the majority of heterosexual male subjects of the sample tend to present themselves as somehow exempt from care-related guilt represents, in itself, quite an interesting information.

Rebecca—a heterosexual single mother—is one of those parents who feel guilty and who are constantly concerned about their performances as “good mothers”. In the following excerpt, she even describes a sort of retrospective guilt in recalling the period of her daughter’s conception, when, because of a period of generous partying and drinking, she might have accidentally harmed her daughter’s health. She vividly illustrates the constant concerns accompanying her never ending parental journey:

I don’t know, like from the moment you get pregnant till probably the kid, till the moment you die probably, there’s like this incredible feeling of guilt and like I know pretty much at least once a week I’ll lose “the Mother of the Year” award again, [laughter] you know, that I’ll mess up something. And so, like from the moment you get pregnant, and I know that like I was pregnant and like the 26th of December seems to be like my conception date, if I go back to everything, and then like New Year’s Eve I went out and got ripped, you know, and so like drank and got really, really drunk. And so then like now I have this huge sense, it’s like now she’s gonna have foetal alcohol addiction, you know, like from that point, from the moment that you’re conceived forward, anything you do that could possibly screw up your kid, you’ll feel guilty about, you know. Or you could do more, you know, like I could have read more books to her, I could have sang more songs to her, I could have not pried or not got emotional or not had any distress while I was pregnant, you know, like you think of all those things, and maybe she’d be better if I didn’t, you know. And so like I don’t know,

like I think that guilt burdens me and keeps me always like [...] Like she could, I could always be doing something better or something more, I could have done something bad less, you know. Does that make sense?

Rebecca's guilt arises each time she has to take care of her job and/or to "unplug" for a while from the strong emotional connection with her daughter. In the following quotation, she observes and makes comments about a photo representing the image of a multitask mom who is simultaneously busy on the phone, holding her child, taking notes on her laptop and doing other stuff in the kitchen.⁸ Rebecca sees herself in that photo; but instead of focusing on the positive emotional states such as feeling pride for being able to manage several tasks simultaneously—which seems a more common attitude among the single fathers I met—Rebecca tends to focus on guilt and her fears of not being a good enough parent:

Sometimes I feel like this mom on the cell phone with the kid in her arm, it's like me having to deal with a lot of stuff because I'll be talking on the phone and she'll be talking to me at the same time and like she doesn't even know I'm on the phone or whatever, like that whole being with her but not really being with her, you know, like that difficult thing versus like being like this, being able to focus attention on her.

The importance of building up *individual reputations* as *good parents* and the constant comparison of one's own goodness with abstract, ideal templates of what good parents are and/or are supposed to do, represent a common denominator for the majority of the parents I met. Sometimes, the guilt related to the difficulties of finding a good balance between work and care is intensified by the guilt related to the fact that one is not always feeling extremely fond of care activities and responsibilities, as Tanya illustrates here:

Right, but I feel like, like today, this morning, I mean our house was so disgusting and we had to clean our house and Matthias had to go do some errands, and so in a certain way I felt like I was kind of ignoring Zelli. He was also doing fine. Like I think that there's also this sense of as parents we're supposed to give our kids this endless amount of attention [...] So

there's a sense of, in this picture I see this and then I feel the guilt of, you know, wanting to take care of my work and also sometimes feeling that that's more interesting and compelling than playing trains or dealing with whatever it is.

Kurt is one of three gay men representing an exception⁹ in the “feeling guilty” category, which in my sample is predominantly populated by female subjects. Kurt's guilt is mostly related to his feeling responsible for the disruption of his heterosexual marriage and his being extremely concerned about his daughter psychological and emotional well-being. It is a form of guilt largely connected to his sexual orientation and which is also affecting his intimate life choices:

Well, what happened was, you know, when you're married and then you come out and say you're gay, there's a lot of, at least for me there was a lot of guilt that went along with that. You know, here I am in some ways destroying this family and what people looked at as the ideal perfect family. So because of that, in the beginning I said you get what you want. And then as time went on and I realized that not only was it not the best thing for me, but it was also not the best thing for my daughter. Then you go backwards and say this isn't really working for me, and that's where it gets difficult. So it would not have been my first choice, but I think I did what I had to do at the time. And then now I'm doing what I need to do now. [...] And then, yeah, I mean letting everyone else know was easy, it's just been the whole custody thing that's made the most difficult. And just dating, trying to date, please, don't even get me started on that one, you'll have four hours of tape. But, yeah, so, but it's just, you know, looking at things and also going into a dating scene with a child is a whole other thing as well.

Sullivan, another gay father, feels guilty because of his own parenthood itself. When he adopted his first son and, subsequently, his daughter, he felt as if he was “taking away someone else's child”, as if he was stealing from someone else her *right to care*, a right to which he did not feel fully entitled because he had not given birth to those children. In the following excerpt, the excitement, joy and happiness of his approaching parenthood blend together with an enormous sense of gratitude but also an

enormous sense of guilt towards the biological mother, and this complex mix of feelings erupts into an intense emotional climax. In order to provide the reader with a flavour of Sullivan's emotional state, I include in what follows some of the most emotionally powerful excerpts of the interview. Sullivan recalls the entire story with a lot of details—which are here partially omitted. When he describes how simultaneously “happy” and “miserable” he felt when he went with his partner to pick up their adoptive son, he suddenly bursts into unrestrained weeping¹⁰:

R: It was a child through an agency, an agency in Texas. We had never been involved with them. But luckily that week we were able to make the decision of what we wanted to do. [...] So that was our first child. And so we had to make plans, we couldn't get him until we were legally able to get him, so we had to do tons of paperwork in Pennsylvania. We had to have a home study, like have a social work agency study us and declare us fit parents. We had to prepare child abuse clearances, criminal background checks, do a lot of legal work to be able to go forward, and we did it. And I remember being very excited and very efficient. And I think five weeks later we went down, because he was five weeks old when we heard about him, then five weeks later we went and picked him up, which I remember very well, which was very, it was terrible.

I: Terrible?

R: Mm, hmm.

I: In which sense?

R: Well, it was terrible, he was living in this southernmost part of Texas on the Mexican border and oh, I remember taking a plane down to San Antonio, we had the night together. [...] So we meet, we get there and we go to this house and we meet this foster mother, whose name is—that's his birth mother's name—Xxxx, her name is Xxxx. [...] And she's lovely, and she's like, you know, a Mexican woman who's this big, she's lovely. And we go in and, you know, she [...] There's the baby and, you know, of course we don't really know the baby, we're like hi, you know, and we pick up the baby—I had never held a baby, I'm like holding the baby like this [laughter]. And the foster mother's going, oh, and the foster mother was in love with the baby because she had him for eight weeks, him for eight weeks and

she was in love with him. And you could tell, it was a lovely environment. There were other kids around, they loved this baby. So we go spend some time and it's weird cause we're gonna take the baby, we're gonna take her baby. And ohhh, ohhh, and so put the baby in the car and we leave, and they follow us. And I was so upset because we were taking her baby. And that's why it was terrible, we were taking her baby.

I: It wasn't their baby...

R: Yeah, I know, but that's the way it felt then. [Crying profusely]

I: Do you want to take a pause?

R: Oh, no, I basically cry every time I tell this story because it was so upsetting, it was so upsetting. You know, it was just that, you know, it was wonderful because she was so in love with the baby.

A similar emotional amalgam of positive and negative feelings is experienced by Sullivan with his second adoption, which is an open adoption: Sullivan and his partner met the biological mother, they followed the entire pregnancy and they were present at the birth of the child. This time, the guilt of "taking someone else's child" is combined with the fact that Sullivan feels that the birth mother is strongly stigmatised by the hospital personnel because—in his words—she is "giving her baby to gay parents":

We got a call one day—what we did was at the birth, you know, the birth period, it was nine months and our car was always packed. The trunk always had everything in it so we could just get in the car [...] so we could be at the birth. And the birth date came and passed and it's like 10 days past and we're like, and no one heard from her. [...] But then we got a call and she was there and we went to Xxx Xxxxx. Max was there and we were there and I was with her when she [...] She went to the hospital so she was, we got there an hour and a half later and she was dilated and she didn't give birth, she actually couldn't, she had to have a caesarean section. And I felt terrible for her, I felt like ohhh, what a generous, loving thing she was doing and she was so, it was so sad. It was again, the thing of taking someone else's child. [...] Because it is [like] with adoption, you're taking someone else's birth child. So I felt terrible for her, though of course, I know she

wanted us. And then she ends up with a caesarean section and they took her. And I could tell the hospital was treating her like shit, they weren't respecting her. And in fact they were very cold to her because of what she was doing, giving her baby to gay parents. [...] It takes incredible strength. She's an incredible woman to be able to do that. So I remember the driving away, too. [Crying]

Sometimes, especially when elderly care is involved and the care responsibility is perceived as unbearable or unjust, people are faced with another form of *emotional dissonance* which induces, as in Ruth's case, guilt and other conflicting emotions because of the cultural scripts dictating what a 'good caregiver' is allegedly supposed to feel:

- R: Well [...] the strain, the emotional strain that it takes on you because it does, it's very emotionally draining and stressful. And sometimes it doesn't bring out the best in me and I have to like work at that, like it's something to work at. The most positive things, to find out things about yourself that you don't want to find out but...
- I: Like what, for instance, if I can ask?
- R: Well, just you know, that it's like feeling—you know what it is, is I've had so much responsibility at such an early age that there's a part of me now that I don't want any responsibility. But that's not realistic, but I still feel it, you know, and I just don't want any responsibility. But that's just what I'm thinking, but I know I have to accept it, and I do accept it. But it doesn't mean there's not a part of me that doesn't fight it. So yeah, I guess that's about it.

Simon, finally, is the only heterosexual man of the sample who describes a sentiment of guilt mixed with regret when he talks about his care responsibilities. In the following quotation, he talks about the geographical and emotional distance separating him from his 11-year-old with whom, for several reasons, he did not manage to be in touch on a regular basis. Although Simon clarifies the key role of his ex-wife in denying shared custody, he still describes himself as an absent father, showing a clear sign of care-related guilt. While his taking care of the two children he had with the second wife seems to provide him with a considerable

amount of EE, the parallel (and less bright) side of care concerning the son who lives far away, unquestionably represents for him an emotionally draining care experience:

Now he's 11—these will be defining years. I'm hopeful, you know, my feelings change from month to month sometimes, but right now I'm hopeful that we will be able to maintain a relationship and that I'm not sure when or how, but I think, over the long run, I'm hopeful this will be an important relationship for him and for me. I'm actually more hopeful than I used to be, so I think that yeah, I'm hopeful that the hard years are behind us. I don't think they're completely behind us, I think they are about three or four more, to be honest. [...] We're dealing with the courts and psychologists trying to redefine visitation. I mean this whole, and I'm battling very hard to play an active role in his life. And mostly have the court and mostly have the psychologist on my side but his mother is, is an adversary to be reckoned with, and she has custody. [...] Yes, although I have to say very recently I've become a little bit more reluctant to just blame everything on the mother. I mean there's a lot to blame on her, I'm happy to do it, you know, but also the fact that he's a young kid and I'm pretty much an absent father. Now, if the mother had been more cooperative, I would be a much less absent father. But I still wouldn't be there every day, still wouldn't be under the same roof, I still wouldn't see him in a way that I see my children here. He knows that. And so it wouldn't be without its challenges.

Care as a Luxury Item and the Commodification of Care

Another important dark aspect of care is related to the fact that care, this universal and ubiquitous phenomenon, is increasingly becoming a luxury item which is sold and bought at high prices. This paradox—as we just saw, care is one of the least valued goods in Western neoliberal societies—is explained and reinforced by the fact that some of the most important resources necessary to take care of our loved ones (time and financial resources) are becoming more and more scarce. Things can be further complicated for those social actors—such as gay and lesbian parents—who are still not acknowledged as *fully entitled* to care for their children.

We have seen how challenging and emotionally costly it can be, for same-sex couples, to merely get to parenthood. The costs of the procreative choice, though, are not only emotional and psychological costs but also economic ones, particularly for a male same-sex couple who opt for surrogacy.¹¹ At the time of the interviews, as Byron reminds us here, surrogacy costed up to \$100,000:

I have one acquaintance, one friend in Washington who paid a surrogate, who paid a surrogate and bought an egg from a third party and used a surrogate, you know. But that costs a lot of money. Like \$100,000 I think.

It goes without saying that parenthood implies emotional and economic costs for everyone, regardless of people's sex and sexual orientation, as Stephanie, a heterosexual married mother, points out. Quite understandably, the lexicon she uses in the following quote is similar to that she could use if she was talking of the purchase of a car or a house:

Let's say that we are planning many things on the financial side or work side, many other sides because we are considering to have a second child. Because we are so well adjusted that I think we can afford it.

However, it is quite evident that, with the exception of those lesbian mothers who decide neither to resort to adoption agencies nor to other forms of medically assisted procreation,¹² the economic costs of a child starts later for heterosexual parents than it does for same-sex parents, who often have to deal with those costs and several other considerations since the moment they make their procreative choice, that is, even before the child is there. Linda clearly illustrates this point in the following excerpt:

There were two challenges with adoption. If you have, if you look in the system, which is the Department of Children and Families, that takes children out of one home and places them with someone else, then you'd have children who have been either abused or neglected. And they have emotional problems and a lot of times, sometimes you're not able to adopt, you only can be a foster parent and then they end up going back to their family. The other option was to—either internationally or in the United States—to go through a private agency, and that was very expensive, \$15,000,

approximately, yes, approximately \$15,000. And especially if you go in the United States, the birth mother has, I believe it's two days, to change her mind after the birth. So you could be working with a pregnant woman, go all the way through where you pay her medical bills and you give her, you know, you're working with her and then she has the baby and she changes her mind. It's her legal right to do that, and I respect that, but I decided I didn't want to risk that. So then we looked into insemination in a clinic or a hospital, it's very expensive and it's, most of it is not covered. No insurance, no assistance. Only people who are infertile can have assistance, and some insurance providers only give certain assistance. And I wasn't infertile; it's just that we were two women instead of a woman and a man. So it wasn't considered infertility. [...] So then we looked into what they call at-home insemination. If you have a known donor and you can do it at home without a doctor—and we didn't think it was gonna work. We just did it at home and Joanne and me and this guy that we talked to about being a sperm donor—it worked, we got pregnant [laughter]. So it wasn't expensive, there were no doctors or clinics. So it was really good. But it took us a while to get to that point, to where we knew our options and had made that decision.

Once parenthood has been attained, the economic costs of care may be comparable for all types of caregivers, and affording a full-time nanny rather than paying a day care or a regular baby-sitter, quite obviously, is not related to people's sexual orientation but rather to their material comfort. Omar and Curtis, for example, living in their large seventeenth-century mansion and supported by a considerable economic capital, acknowledge that if it was not for their full-time nanny, both their lives and care responsibilities would not have been as merry and cheerful as they are, which also reintroduces a gender dimension within the context of the costs of care¹³:

Omar: Right, we are blessed enough that we can afford a fulltime nanny, which alleviated a huge weight. 'Cause if the baby's having a bad morning, which he's really good, he hasn't had that, I mean the mother would be traditional, would be the one that would get to work late. I'm never late, he doesn't have to be late because we have a nanny here that she would take care of that. So our case is

- Curtis: We don't have to run to day-care, we don't have to rush home to pick him up from day-care.
- Omar: We are not, we are in a specific place that we are lucky to be there.
- Curtis: And having a little bit of money has allotted so we don't have to compromise as much as we would otherwise [...]

Similarly, Leila acknowledges that if it was not for her affluent family, she would probably still be paying her student loans instead of saving money for the future education of her two children:

Well, you know, I mean we're saving money for college, I mean we have college funds open and, you know, they won't be fully funded but, you know, hopefully it can go a long way towards helping them with their education. [...] It's a huge issue. I mean I know people, when I was in law school there were people who had student loans from their college and then student loans from law school and [...] they had \$200,000 in student loans. And there's really not many jobs that you can take that will pay you enough money so that you can pay off all those loans and pay rent and, you know, have a life. And so you really, forget it if you think you want to work in a public interest area, you can't do it, you can't do it. And so to me, having grown up in a family where we were lucky enough that I didn't have to pay for college and I didn't have to pay for law school and so I was really, had a lot of freedom to really find my way.

Building up a family and raising children is expensive for everyone. Yet, not being enough affluent can involve for gay and lesbian prospective parents not being in the position of having children at all. In other words, money, time and other primary resources are indispensable for everyone, but whereas most people can choose to take the risk and have a child regardless, for gay and lesbian prospective parents getting to parenthood can become unworkable for several reasons, among which the high economic costs of conception or adoption. This introduces a quite evident class bias between gay/lesbian and heterosexual prospective parents, but also, and perhaps even more, between affluent and less affluent prospective same-sex parents. Thus, even the gratuity of the procreative choice is dissolving in the context of adoption, medical assisted procreation and other forms of non-

biological parenthood, raising questions about whether and how payments for getting care affect caring relationships themselves. 'Getting to parenthood'—not only care work¹⁴—is increasingly commodified and this creates an unprecedented scenario the multiple sociological and ethical implications of which should be further explored. A sociological discourse could focus, for example, on the (different?) nature of the procreative choice according to whether the child is born to a fertile heterosexual couple, an infertile heterosexual couple, a lesbian female couple, a gay male couple or a single individual; and it could explore whether and how the gift ethic or the idea of unconditional love are affected by the presence of financial and legal issues, cash exchanges and other commodifying elements.

Love towards a desired child, a child who is still to come, is absolutely selfish; but, it seems to me, also absolute. It is done for one of our needs: our need to give all sorts of good to a creature that is still not there. Perhaps, it is a sort of precognition of perfection, of a life which might represent all sorts of good we can do. It is an a priori of that life itself.

This is a quote taken from one of the online discussions of an Italian association of same-sex parents or prospective ones.¹⁵ To what extent does the commodification of same-sex parenthood affect this desire to love, or what we might call *the love to come* of prospective gay and lesbian parents? This *prospective love* that is somehow aware of its intrinsic selfish components? Monetary exchanges, the existence of implicit or explicit contracts, bureaucracy, legal issues, financial transactions and—when adoption is involved—home studies, profiles of the prospective parents or the several children waiting for a family publicised online, and emotionally intense competitions between the couples of the pool of prospective parents, all contribute to shape a somehow darkish mantle on the spontaneity of the procreative choice; a mantle which sometimes pushes prospective parents to renounce to parenthood altogether or to find, when it is possible, alternative paths to it. These kinds of complications affect *all* the aspirant parents who cannot resort to biological parenthood; however, the financial and emotional costs and the legal and bureaucratic difficulties associated with the procreative choice met by gay and lesbian prospective parents tend to be higher and more complex, which adds an extra layer of inequality to this stigmatised segment of the population.

Another penalised group, together with same-sex parents, is that of single adoptive parents, especially when, as in the following case, the prospective parent is a single man, which is often viewed with a bit of suspicion. Christian, a heterosexual single parent, describes here the criteria by which he was forced to narrow down his range of options according to the possibilities offered by the adoption “market”:

[...] what I was looking for is I looked to find those countries where I was at least, where it seemed possible that I could adopt. And at the time it seemed like through different agencies I could have gotten a child from China, Guatemala, Vietnam or the Philippines. But then I looked at, I sort of looked at four criteria, how long would it take to get the child, costs, although they're almost all the same cost except Guatemala, which is more because it's more privatized. It's almost like 10 grand more, Guatemala. Gender choice, do you have your choice or do you just take what they give you. Like in China, obviously 90 percent of the time it's a girl, and I actually wanted a boy. And fourth was the age range of the child. I didn't really want somebody who was like so young, like six months old, I wanted somebody who was like over a year or between a year and two years. So anyway, so basically of those four criteria Vietnam was the best choice.

Sullivan talks instead about the growing tendency of adoption agencies to ask prospective parents to prepare a booklet—inclusive of biographical information, photos and personal comments—to be publicised on the agency's website so that birth mothers or any other subject who is looking for a family for their children can easily access these large databases advertising all potential parents available on the market.¹⁶ And while, on the one hand, he critically describes the practice of advertising oneself and competing with other couples as “disgusting”, on the other hand, he is forced to play by the rules and prepares a “strategic” booklet where photos of his first adopted son are carefully selected in order to increase his chances to win the competition:

Because she says, you know, we have four other couples who have given their information, if you want you can put your name in. And we had prepared, I should have brought it, we prepared this booklet, it was a booklet that we were asked to prepare for birth mothers. It says—it was a disgusting booklet saying why you want us to be the parents of your child—I

say it's disgusting because it's disgusting to have to advertise yourself this way, and it's disgusting to basically compete with other couples. So we prepared this book, which basically you can't say no to because [...] It's starring Max [the first adopted son]. Every picture is like Max, you know, there's Max in France, there's Max in the swimming pool, there's Max with all his loving cousins, there's Max doing this and that, and it's starring, it basically says—there's pictures of us, too, and you say, you can live with us and you're gonna have this unbelievable older brother. And we knew, yes, we would be chosen, which we were, for Rosie.

Sometimes, substantial financial costs to achieve parenthood can be faced also by heterosexual parents. Such is the case for Mitchell, a married father who describes the five-year long ordeal he went through with his wife in order to untie their infertility problem, which would have costed them several thousands of dollars if it was not for the private healthcare insurance his wife could rely on. Should they not have had this coverage, they would never have had a child:

And it didn't really work out for us for the first year or so, then it became an obsession to get it done [laughter]. Yes, at that point we already put a year in and there was a, yeah, we had fertility problems, we had to go through the whole medical treatment, at which point... [...] So yeah, we were doing like the hormones and then we did the injections and then we did like the super-hormone injection that drives them crazy, yeah, yeah, it was like hiding the silverware sort of crazy. [...] But we got through it. We pretty much went the gambit on what you could do fertility treatment wise, you know, it was like two and a half years of giving it all of our go. Honestly, if it wasn't for XXXX's healthcare we probably wouldn't go as far as we did because they paid for some absolutely ridiculous stuff that was like, you know, like some of these injections we were doing were like \$500 an injection. Yeah, we were like are you kidding me, you know, it's costing us like \$40 co-pay so we'll give \$40 more a month this month. I mean if it was \$500 a month, there's no way.

As shown in the above quotation, many heterosexual parents with infertility issues can at least count on a partial or total coverage of the economic costs sustained to get to parenthood. Furthermore, especially

in the case of adoption, heterosexual couples may find in infertility not only a justification for their choices but also a sort of sympathetic understanding for their difficult, challenging and ultimately brave choice. The same sympathetic understanding certainly does not apply to prospective gay and lesbian parents, especially when they are men.

Moreover—yet, to my knowledge, there is not sufficient evidence to support this occurrence beyond the limits of my sample¹⁷—when heterosexual prospective parents opt for adoption agencies, they are less likely to be exposed to shocking stories such as the one that follows. Because of a mistake caused by the adoption agency, Omar and Curtis—the same-sex couple we have already met and who eventually opted for surrogacy—were offered a “last-minute deal”. Stories like this, unfortunately, are not as rare as one might wish, and gay male subjects, in particular, seem to be more exposed to these kinds of inglorious bargains:

So we talked to this one broker, she called me and she said I’ve got a perfect situation for you, the woman’s pregnant, she’s had a child before, there’s no issue with that, she’s Caucasian, the father’s Caucasian, blah, blah, blah. And it was like great, what do we, you know, we kept talking. She said well, I do have to tell you that there’s a chance that the father’s African American. I was like what do you mean. She said well, her partner’s Caucasian but it was a crazy weekend and she said there is a chance that the father’s black, but don’t worry, if it ends up being a half black child, then I’ll cut my rate for you and I’ll do it for half price. I hung up the phone and I called Omar and I was like, I can’t do this, this is disgusting. I’m like I refuse to do this anymore. So we switched [to surrogacy] pretty much that day.

These appalling examples show how high the emotional costs of a commodified parenthood can be and partly explain why some gay and lesbian prospective parents might end up opting—like Stephan—for quite atypical solutions. As we saw previously in the book, Stephan had a biological child with the female partner of his sister, and his sister, eventually, had a biological child with Stephan’s male partner. Here, Stephan describes how the adoptive option was ventilated for a very short period and then immediately rejected, precisely in order to avoid the risk of “buying” his parenthood:

Oh, you know, you can go to XXXX or whatever and you give a lot of money and two days after you have a child and you can come back here. You know, it's buying a child, I mean now you can buy like groceries if you want. I mean if you are rich and if you go to a really poor country, you can buy a child. So I was really close to, oh, my goodness [...] So we talked with my sister about that.

The tension between money and social ties and the risk that the phenomenon of *pricing* could expand to all realms of human activity represent a recurrent theme in social theory. For example, although Simmel's approach is in several respects antagonistic to Marx's throughout his work,¹⁸ Simmel's concern about money's shaping every aspect of modern life and breaking down traditional family ties¹⁹ was not dissimilar from the Marxian concern that a dehumanising commodification would unavoidably spread throughout capitalist society. Nevertheless, if it is true that the commodification of parenthood is indeed a risk, I also tend to agree with Zelizer (1994, 2005) that there are limits to the commodifying effects of money, or, to put it in her own words, that there is "a reciprocal sacralization process by which value shapes price, investing it with its social, religious, or sentimental meaning" (Zelizer 2005: 21); that there are markets where non-economic and non-rational criteria clearly prevail. In other words, as I mentioned elsewhere in the book, there is something about the *rationality of care* (Waerness 1984) which helps the social actor to transcend cynical calculation and blind emotional expression and to recombine them both in new, original syntheses which do not belong to the usual type of market but rather to a EE market; a market where people value and negotiate, also with money, their EE trade-offs.

This chapter illustrated a range of situations and conditions under which care can become the site for unsuccessful interactions and emotionally draining experiences. We have seen how even the most critical, problematic and dark sides of care can allow people to engage with EE dynamics which are not always and necessarily disempowering or draining. For better and for worse, care introduces dynamising aspects that at least prevent emotional stagnation, which is typical of the total absence of interaction.²⁰ This is why care becomes a particularly relevant site of exploration of Collins' Interaction Ritual theory (IR model): because care is a universal experience, and when we truly *care about* someone, we do

not do it intermittently and only when the person is present, but constantly, in a continuous internal dialogue with ourselves and the rest of the permanent visitors who inhabit our thoughts. When our care-related interaction rituals are not successful and can therefore become emotionally draining, we are pushed to make up for our short-term defeats and improve our future performances to get better results in the long run, no matter what. There is a strong internal drive in doing that, which is embedded in the very nature and definition of *caring about*.

Thus, while the *dark sides of care* represent an undeniable dimension of care for everyone, such dimension is the least significant when compared to the other, more important dimension: that of the rewarding and empowering aspects of care which is commonly overlooked by current literature. The next chapter shows evidence of some of these important aspects of care and illustrates how different types of caregivers make their way through the brighter and yet less explored dimensions of the care world.

Notes

1. The *conceptual containers* referring to a specific topic and/or emerging theme. See the Appendix for further elucidation on the use of N-VIVO and the qualitative analysis of the data.
2. On this subject, see also Hochschild's famous and provocative book *Time Bind: When Work Becomes Home and Home Becomes Work*.
3. *Procreative consciousness* is an expression I borrow from Berkowitz and Marsiglio. In their compelling qualitative study (2007), Dana Berkowitz and William Marsiglio examine how emerging structural opportunities and shifting constraints shape gay men's experiences with their procreative and family identities.
4. See, in particular, the works by Nancy Fraser on the care crisis under neoliberalism.
5. Literature on parenthood shows that there is a middle-class model of intensive parenthood that is setting the standards for what an adequate and/or successful parent should do. Dynamics of inclusion/exclusion from being considered a good/successful parent, therefore, also include the possibility of complying with this model and of setting a distance from lower-class models of parenthood. On these aspects, see also the works by Gillies (2011), Dermott (2008), Dermott and Miller (2015)

and Taylor (2009, 2010). On the other hand, the risk that civil rights such as the legal recognition of same-sex parenthood may depend upon compliance with a definition of the “good citizen” which is based on middle-class models and neoliberal agendas of social control and regulation is highlighted by Bell and Binnie (2000), Bertone (2013), Brown (2012), Cossman (2007), Duggan (2002), Edelman (2004), Eng (2010), Phelan (2001), Richardson (2000a, b, 2004, 2005), Seidman (2002).

6. What psychologists call *cognitive dissonance*.
7. On caregiving and care receiving among LGBT adults, see also Grossman et al. (2007), Cantor et al. (2004), Kurdek (1993), Weston (1997).
8. Photo elicitation is one of the research instruments I used during the interviews. This tool turned out to be very useful in soliciting arguments and discussions that would not otherwise have been raised. For more details about this research instrument, see the Appendix.
9. Together with only one heterosexual man.
10. Sullivan’s emotional reactions during the interview are quite comparable to William Wordsworth’s idea of *emotion recollected in tranquillity*: “the emotion is contemplated till by a species of reaction the tranquillity gradually disappears, and an emotion, kindred to that which was before the subject of contemplation is gradually produced, and does itself actually exist in the mind.” William Wordsworth, Preface to Lyrical Ballads (1802). The gradual materialisation of Sullivan’s past emotions through the story-telling represents an empirical evidence that we not only are and behave according to what we feel, but also that what we feel is mediated by what we think, in other words, of the unescapable social mediation of emotions. At times, the cognitive appraisal process at the basis of emotion—what we think we feel—can be so strong that it can induce us to feel the emotion even when what we think is wrong or only self-illusory, or when what we think we feel belongs to past, as in the case of Sullivan.
11. Surrogacy is a method of assisted reproduction whereby a woman agrees to become pregnant for the purpose of gestating and giving birth to a child for others to raise. She may be the child’s genetic mother (the more traditional form of surrogacy), or she may be implanted with an unrelated embryo. In traditional surrogacy, the surrogate is pregnant with her own biological child, but this child was conceived with the intention of relinquishing the child to be raised by others; in gestational surrogacy, the surrogate becomes pregnant via embryo transfer with a child of which she is not the biological mother. A recent, critical examination of the multiple issues involved in this specific form of procreative choice is provided by Danna (2015).
12. By using what is called “at-home insemination”.

13. On the problematic nature of gender equality in heterosexual and same-sex intimate relationships, see also Schwartz and Singer (2001).
14. On the blurring dualism between paid and unpaid care work and between economic spheres and intimate ties, see also Folbre and Nelson (2000), Himmelweit (1999), Hochschild (2003), Illouz (2007), Ungerson (1995, 1997) and Zelizer (2005).
15. *Famiglie Arcobaleno* (Rainbow Families), which, as explained in the methods section, represented one of the many online resources on which the phenomenology of same-sex parenthood discussed in this book was based.
16. Before hearing about these booklets from Sullivan, I had found several websites of adoption agencies that display a lot of these personal profiles. I have read several profiles and they document, at length, the history of the couple, the couple's family background, their friends, their house, their jobs, their hobbies, the way they use their spare time, their travels and so forth. Everything is accompanied by several photos of the couple, their families, their friends and so on. It is an interesting and somehow striking form of marketisation of the presentation of self, because people know that there is a form of competition between the numerous prospective parents and that they need to "sell" their profile and the way they present themselves. Even a small detail in their profile can be decisive for them to be selected from the pool of potential adoptive parents. On the positive side, singles and couples, heterosexual and same-sex couples are presented together, without distinction, at least in the online adoption agencies which do not discriminate.
17. The fact that same-sex couples are more likely than heterosexual couples to be offered adoption of children with significant physical or mental health issues emerged quite clearly in my sample as well as from the analysis of the grey literature and of the massive amount of online material. Sometimes, particularly with prospective gay fathers, the couple is offered the opportunity to adopt children with serious physical or psychological problems in order to increase their chances to be selected from the agency. But I do not have enough scientific evidence to corroborate and support this hypothesis. On this matter, see also Strah, *Gay Dads*, (2003).
18. For a discussion of Simmel's *Philosophy of Money* in comparison with the analyses of money in the writings of Marx (as well as Weber and Durkheim), see Mathieu Deflem (2003) "The Sociology of the Sociology of Money: Simmel and the Contemporary Battle of the Classics." *Journal of Classical Sociology* 3(1): 67–96.
19. The *Philosophy of Money/Philosophie des Geldes* (1900), Georg Simmel. English translation by David Frisby (Ed.); London; New York: Routledge,

2004. In the *Philosophy of Money*, and particularly in the final essay “The Style of Life,” Simmel explores the way in which money mediates social interaction, shaping every aspects of modern life and breaking down traditional family ties. But he also shows how this loosening of traditional, emotional bonds allows for individuals to react creatively and make one’s own way through the world. It also brings about a new kind of intellectual life and a new particular kind of freedom which can provide a filter against the sensory overload of modern life.

20. This will be further illustrated in Chap. 8.

6

The Productivity of Care

The phenomenological exploration of the dark sides of care has revealed how, even in the most challenging and draining aspects of care, people manage to find what William James called a “second wind”: an unexpected strength and energy allowing them to overcome such challenges that emerge precisely from their *caring about* their beloved ones, no matter how difficult and problematic things can be.¹ In this chapter, I will navigate through another astonishing aspect of the phenomenology of care, which will bring us closer to its core nature.

Contrary to common belief, care work does not necessarily produce stress or make people less productive; at least not always and not under all circumstances. Far more than we are willing to acknowledge, being a *caring* person also means being a *productive* one. For some, this might mean giving more attention to quality than to quantity; for others, it might mean keeping the same standards in terms of quantity and paying slightly less attention to details. What emerges as quite evident from all the interview accounts is that having important care responsibilities, under certain conditions, make people more efficient and increase their capacities to get more things done in a more focused way.

It is also evident that one of the latent or less visible purposes of care is the production of emotional states that resonates with Hammond's concept of "affective maximization" (1990), a more or less conscious strategy to maximise people's supply of positive emotions. It does not matter whether this unanticipated outcome of care is conscious or unconscious, whether it is planned or unintended. The point here is that the phenomenological exploration of the meanings of care in the entire ecology of people's lives brings to the surface important and understudied elements, perhaps a blend of new and old elements, which nonetheless acquire a completely new significance in light of Collins' IR model and with the inclusion of same-sex parents. One of these elements concerns exactly the energising and empowering effects of care responsibilities that visibly help people not only to handle the fatigue connected with their daily multiple tasks and routines but also to address their perceived status exclusion from other contexts.

Parenting Gives Me Energy

The energising nature of care is illustrated by Jason, one of the gay fathers we have already met. In the following excerpt, Jason underlines the self-empowering effects of care responsibility when he recalls the challenging period during which he was finishing his dissertation, teaching full-time and being a dad:

- R: It was a hellish couple of years. But at the same time I think being a dad helped me to balance out some of that. I mean I think if I would not have been a dad and would have just been trying to finish the dissertation while teaching full-time, I think I would have driven myself crazy. [...] Because for me parenting really gives me energy.
- I: In what sense?
- R: I feel, well, after—my kids make me feel good about myself and academia doesn't always make me feel good about yourself [laughter]. In fact, growing up, neither of my—I've always felt a little insecure in academia just cause my, neither of my parents were college graduates and this whole thing is very—my parents were pig farmers and so I've always felt very insecure.

Jason is a professor in a liberal arts college who is not extremely satisfied with his professional career and feels frustrated when he compares his CV and publication records with those of his colleagues. However, neither his emotional difficulties related to his ongoing process of coming out nor the frustrations connected with his unsatisfactory professional career seem to put him down. And his energy, as he says, emerges from his parental activities and responsibilities.

On the other hand, Sarah, a single mother, highlights how inhabiting all at once the statuses of single mother, part-time student and full-time worker can create a sense of “non-fitting” or a feeling of status exclusion:

R: Yeah, like I don't know, it makes me feel like I don't fit in very well at school.

I: You don't fit in?

R: Well, because nobody in my department really has children, other than some part-time students, and so I don't know, the people are like at a different stage in their life because, even though they're around the same age as me, they don't have like a lot of responsibilities in life so they can go out and socialize and do whatever. And me, I don't get to go out and socialize ever, and if I do, I have to take her with me. So it's a different kind of social life.

She also describes the sticky labelling process others do, based on stereotypical assumptions and prejudices towards her multiple statuses as single mother, full-time worker mother and student:

R: I feel like a lot of times when people find out that I'm a single parent they always have all these stereotypes of what I am and, [...] you know what I mean, stereotypes of what I'm supposed to be like. [...] Like people just have stereotypes of what single parents are like, you know, that I don't spend time with her and stuff like that. And I spend more time with her than most married moms do. [...] People just have these stereotypes about ... like that whole unwed mother kind of thing and me be a kind of stereotype [...] Yeah, like a married couple where the mother is like a homemaker and all that other crap.

However, neither the non-fitting feeling nor the stereotypes connected to her status of single mother seem to dramatically affect her sense of self-confidence, her productivity and her drive for action—in short, her level of emotional energy (EE), as clearly emerges in the following excerpt:

R: I am [energetic]. I manage my time extremely well because I know [...] other people, who have a lot less on their plate, who struggle to get all their work done; and I always get everything I need done, always.

Sarah is one of the interviewees I had the chance to meet again for lunch several months after our first meeting, and with whom, for a while, I had also been regularly in touch via email. Her humble but firm self-reliance as well as her cheeriness were still there the last time I saw her, when she was going to move to another city, brilliantly progressing with her PhD, going through several job interviews and happily taking care of her daughter. She eventually became a successful manager and consultant of several governmental institutions and non-profit organisations in Washington D.C.

The Busier I Am, the More Effective I Am

Roger, father of three children, in remembering an extremely busy period of his past, emphasises how the challenges connected to finding a balance between his work, a master program, his wife's pregnancy and other important care-related issues pushed him to become more effective and productive:

R: [...] My son was born in January of 2002 and the following August I started a master's programme at night. And those two things forced me to become a much better manager of time, to really allocate, you know, this much time for this, this much time for this. [...] When I have a little bit less requirements to get done, fewer requirements, I've gotten lazy about being careful. [...] Well, there's an expression that if you want something to get done, ask a busy person to do it. And I think that definitely holds true for me. The busier I am, the more effective I am.

Roger is not an isolated case. Several other interviewees confirm the idea that work-related efficiency increases when care-related responsibilities are added to the daily routines. Byron is one of them. Byron is a wealthy financial advisor who, at the age of 52, decided to have a child with a lesbian friend. At the time of the interview, they lived in separate homes and worlds, but they equally shared childcare responsibilities. This is Byron's account of increased efficiency:

- I: Would you renounce to something in term of career or job opportunities or your personal development...
- R: Well, is that a good question for me because I don't have to renounce anything, you know.
- I: Well, if you had, probably if you had additional care responsibilities...
- R: Maybe, but I could still manage to do my job. You know, I became extremely efficient after the baby was born in doing the work with 30 or 40 percent less time and I still managed to do it all.
- I: Really?
- R: Absolutely, mm, hmm. Because time had many more things packed into it so I had to become more efficient—a rather easy thing to do. If you want someone to do something, you pick someone who is busy to make sure it gets done, you know.
- I: So, the more you are busy...
- R: The more productive you become, absolutely.

The theme of the increased efficiency and productivity connected to care responsibilities seems to emerge recurrently for both male and female caregivers, be they gay/lesbian or not. But, whereas for the female subjects of my sample, the increased efficiency is often experienced within the domestic sphere, men, in contrast, still seem to measure it by looking at their ability of “getting things done” within the professional context. Alena, for instance, is one of the numerous women who explicitly stated to measure their efficiency by “trying to use every bit of time efficiently” both at work and at home:

I also think it's really, it's been good for me because I'm a very, I'm a hyper-efficient person. I was before a very efficient person when I worked, and so I have this, I always want to maximize what I can do in any given time that I have. And that was true at home as well, I would have a bunch of different projects to get done and I would be trying to use every bit of time efficiently, whether I was at home or at work.

On the other hand, Jacqueline is one of the women who seem willing to step back or to renounce their career prospects in order to find a satisfying balance between work and family, or to facilitate their partner's career advancement. Interestingly enough, Jacqueline's account of the increased efficiency focuses here mostly on her husband's arduous attempt to reconcile work, professional development and family, rather than on her own experience as full-time worker and mother of three children:

Well, yes, because you have less time to work and so you have to be much more efficient. But I think that's true of whether you have children or whether it's something else that's taking up your life. Like my husband, I think it was right after my second child was born, no, it was actually he started before and it was while he was doing it that she was born, he did an MBA. He was working full-time, we had a young baby, I was pregnant and he started an MBA. And his life was insane. I mean, he went to classes in the evening and, you know, when you already have a full-time job that's really demanding and you have a child, you think I cannot add anything else to my plate. And when it happens, you do it, you deal with it.

In the following quotation, George seems to develop still another aspect related to the theme of increased efficiency. Having children helped him learn how to rely on other people in a way he was not used before, which, in turn, improved the overall quality of both his work and his life:

For example, when I do interviews for a film I used to sit down and transcribe all the interviews. [...] And that's how you absorb the material, that's how I absorb the material and that's how I start thinking creatively. I can't do it now, I can't take seven hours a day and sit down—so I send it out. And the same thing is, even for looking for footage, I used to like to do it all myself because I felt very proud of—a film that has my stamp on every

aspect of it. And so I had to change my mind and think that my works now have my sensibility but I sort of have to rely on other people to help me. All that comes with professional growth, too, and confidence. I don't know if they're separate but I do know that it helps now that I have kids that I have to rely on other people. But I also might have grown professionally where I'm confident enough to share responsibility and I know my ideas are strong enough that I know that I can communicate them clearly to people and have the same execution. [...] They [care and work] complement each other in that way because I know I have to make decisions quicker and probably in the end I come to the same decision. I come to the same decision but now I come to it a lot more quickly because I don't have the time for—I ask people for help in a way that I didn't do before, and I think that's always good, asking for help. It stretches the work, it stretches you.

Energy Begets Energy

Not only care-related responsibilities produce a second wind and an extra layer of energy, inducing people to become more efficient in getting things done and more focused in achieving their goals, but they also possess an emotion-enhancing effect which creates virtuous loops of ongoing EE production. Roger, the above-mentioned project manager, explicitly talks about the “energizing power” of care, stressing how the EE deriving from his care activities not only compensates for the physical exhaustion but is also positively reflected on his job accomplishments:

It's unbelievable, they just have two speeds it seems, fast forward and stop. And that has to carry over to some degree. On the one hand it makes you exhausted because you have to keep up with them all the time, but on the other hand energy sort of begets more energy. So the kids go to bed and I'm tired, but at the same time I'm energized and I have the energy and the strength to keep working later at night that I might not have if they weren't there.

Several examples support the domino effect idea that care-related responsibilities beget more results and more energy to achieve them. Julia, the single mother who happened to give birth to her daughter at

the same time she lost her job, attributes the merit of her further education (and income increase) to the birth of her daughter, explaining how the energetic loop in which she was forced pushed her to think that it would have been “best to nip it in the bud” and get through a temporary period of stress in order to improve her cultural and economic capital:

- R: [...] And in fact I probably wouldn't have pursued education, the truth be known, had Sarah not be born. I made that decision based on her. I would have continued in the mental health field and not thinking about summers off or the hours I'm working or the breaks I have off.
- I: So you studied more because you have a kid.
- R: Right, I went back to school.
- I: It sounds like a paradox [laughter].
- R: Right, and I decided it would be best to nip it in the bud, get it over with when she was young, go full force, gung-ho, get through it and then I can relax and I'd have a career. And my income doubled, that was another good part of going back to school.

The energy loops care brings in seem to induce people not only to accomplish ordinary tasks but also to visualise and appreciate entirely new details of their lived experience—details that, most likely, they would never have explored otherwise, as Jeremy tells us in the following quote:

[...] because they bring a fresh perspective, they bring in energy, they bring a vitality to things. When you have children in a family there's a vitality to things, there's a shakeup, well, why would you do these things. You're exposed to a lot of new material because of children.

Good Stress and Bad Stress

The *productivity of care* is also translated in an interesting distinction between “good stress” and “bad stress,” as Byron illustrates in the following quotation, evoking the theme of the increased efficiency connected with his parental responsibilities:

There's good stress and there's bad stress, but the stress that causes the feeling of responsibility in caregiving, in a way, that's not resented. I like the opportunity to have the pressure and the stress of caring for this child, so it's a good thing.

Another example of *good stress* is connected for Kendra to the “tremendous amount of responsibility” she describes when thinking about the amount of power she exerts on her children as a role model and the amount of personal growth stimulated by “these little people just studying you”:

And so you have these people that like look at you like you're their idol and you feel such a sense of responsibility, like wow, I really have a tremendous amount of responsibility. And I'm not saying it's bad or good, it just is a lot of responsibility. And so that really pushes you, for me as a person to really be clear on what is pertinent[?], what do I want to teach them, what do I want them to know about the world. If I say one thing and do something else, I'm contradicting myself, clearly I'm not, that's not how I want them to grow up. I want them to understand that, you know, we have certain values in our family about just basic respect for people or whatever that might be, and to be able to live that out consistently. [...] And that is a huge personal growth thing because when you don't have anybody, when it's just you, you don't have to think about that as much. But when you have somebody like literally studying you, these little malleable people, you see it, for me I see it in a whole new light, like wow, that's powerful, that's a lot of responsibility. [...] So I think for me that has been the hugest growth piece, and it comes from that sense of responsibility of these little people just studying you.

There is some sort of *good stress* also in the frustration which at times characterises those moments when one “can't really do anything productive” because of childcare responsibilities. This (purported) temporary lack of productivity for the market seems to be amply compensated by the engagement in playful care-related activities whose benefits will eventually be positively reflected on other contexts:

Morgan: You know, if he needs to go outside for a walk to calm him down, well, that's a walk that I never would have taken had I not been caring for him. I would be at the office or I would be doing something here at the house. And with Henry there's a lot of time where you can't really do anything productive and so you just, you know, you can go for a walk or look around the yard or...

Alena: Yeah, that's right. So it's been really nice. That surprised me and that's been really a nice thing.

On the *bad stress* side, instead, this seems to be more linked to the *absence of care* or to the presence of problematic aspects within care rather than to the presence of important care activities and responsibilities in themselves. In the following excerpt, Pamela describes the stressful feelings she experiences each time she separates from her children as she brings them back to her ex-partner. She also describes the emotional rollercoaster she experiences each time she has a strong argument with her "verbal" elder son; nonetheless, she cannot even imagine or remember her life before her children became part of it:

R: When they're not with me it's very hard sometimes to separate from them. If we've been together for the whole weekend and we've had a really good time and then when I go to drop them off, it can be very hard for me to let go. And at one point I think it was hard for the kids but now I think they're very comfortable going back and forth. They're like okay, bye, you know. And certainly what I gained from having the children, I've learned a lot about myself and just never, I can't remember my life without them.

I: That's interesting, there's not a "before".

R: Well, I don't remember it anyway. Yeah, you know, they fill me up in so many ways with good things and even though we're busy running around and I complain sometimes that we're never home, it's somebody else's activity each night. It's also fun, it's fun to, I think, see the world through the eyes of a child growing up and a child that you actually have an influence on and you're helping to mould them and teach them. It's also extremely frustrating because my son, he knows

how to press my buttons, so to speak. You know, he's very verbal from when he was little and he can negotiate the feathers off a chicken. He's something. So he can be very challenging and very frustrating. I think from having children I've reached, I've developed a range of emotion that I didn't know was possible from just pure elation to anger, frustration, hurt. You know, he can say things that hurt me and I have to remember that this is a child and put it into context. You know, it's really an emotional rollercoaster in a lot of ways, lots of ups and downs.

Happy workers are more productive. Simon seems to corroborate the vast and growing literature associating productivity with happiness and/or subjective well-being. The "tremendous sense of wellbeing" he is getting from having a family—no matter how demanding—allows him to be productive, resilient and creative at work:

There's a lot of creativity involved in our teaching and our scholarship. And a lot of people need to feel that things are sort of under control and okay and they're relatively happy in their roles in order to be productive. And I think that I'm certainly one of those people. If I'm really stressed out or really bothered about something, I can hardly keep focusing on my work [...] Some people do just the opposite, they channel themselves into their work and they get a lot done. But I don't, I have to be happy with myself and life in order to be productive. And, you know, that way having a family, which is so satisfying to me, despite all of the demands, is tremendously helpful because I just have this tremendous sense of wellbeing that I can carry over to my work and to the rest of my life.

Less Ambitious, Less Perfectionist, But Still More Productive

The productivity of care does seem to be jeopardised by a smoother, less rigid approach to professions and careers or by an overall redefinition of people's priorities and ambitions. On the contrary, revisiting one's attitudes towards work and life and reviewing one's existential priorities can be extremely helpful to increase productivity and efficiency. Emily,

mother of a one-year old child and PhD candidate at the time of the interview, provides in what follows her idea about the difference between ambition and productivity. For Emily, developing a different attitude towards her work and future ambitions because of her care responsibilities does not necessarily mean being less productive:

I think I became more practical also with my work. Before it was something that I thought that I would really have to be something great or something special and I was very concerned about. And after Tommy was born it's something that, I started to think of it as something that is very important for me to get done. In terms of wanting it to happen, it hasn't changed. But the way I approach it, I've become more practical, I think, you know. It's whatever I can do, it's whatever I can do with the amount of time that I have. [...] No, I think I got much more productive, that's true. Every time I have now that I sit down, I have more, a greater ability to concentrate and get things done, I think. I have this feel of urgency that I only have four hours or I only have this afternoon, this day or, you know, I have to leave at 4:30 to pick Tommy up no matter what. [...] But now, you know, when I have to leave, I have to leave, so I have to be more productive. [...] I got less ambitious, but I got more productive.

For most respondents, the meaning and the importance of work have not diminished and the ability to get more things done in a shorter amount of time has improved; but the overall attention to details and other performance indicators can be to a certain extent lowered, as Eliza states in the following quote:

I don't think I feel differently about the value of it, I think I'm more efficient, you know, I try to be more efficient. So I don't think I'm doing actually very much less work but I'm able to be more efficient. I also think my standards are not as particular, you know, I'm not as a perfectionist as I was before, so I could let things go if they're not quite how I would like them to be.

Being less of a perfectionist is not necessarily deleterious for work productivity; quite the opposite. For Stephanie, worrying less about perfection and more about results allows her to achieve more goals, whereas in the past she used to be less productive precisely because of her excessive zeal and eagerness to do well:

Definitely, absolutely, because I am a Type A personality so I was so ambitious and so focused on the job that I gave it too much importance; so the job sometimes I would too much, worry too much about the job, about the career. And worrying too much, actually, can be paralyzing. While right now that is thing number two and not number one. Actually I see that I can accomplish most things in less time just because I worried less about the perfection of the job.

Some jobs and occupations are more prone than others to be positively influenced by parental care. Thus, for example, Sullivan's fatherhood has significantly improved his social skills and the way he approaches his profession as a child psychiatrist. On the other hand, he also considers that his overall professional performance in terms of availability outside the working hours has been reduced, as if extra-time working patterns were necessarily an indicator of good performances. Perhaps one could say that care manages to achieve what trade unions are not anymore able to achieve:

Well, I actually think that being a father has helped me immensely being a child psychiatrist because I really understand things much differently. I mean I really have an understanding of parenting completely different than before. So I get it when parents are frustrated. And I didn't get it before, it was too theoretical. So I think I'm a much, much better clinician and therapist. And I think that that, you know, patients know that. On the other hand, I'm less present, like if people want to talk to me outside of my work hours I'm just not available because I'm doing something with my kids. But almost everyone understands that, almost everyone understands that and they're very forgiving. And then, you know, things like I work, the hours I work have to be fewer based on things.

Having or not childcare responsibilities translates itself in a totally different sense and use of time, as Vivien notices in the following excerpt when she talks about her former boss. Discussing the theme of her increased productivity since she became a mother, she recalls when she used to work late because of her boss' totally different perception and management of time due to the fact that she did not have any care responsibilities:

- I: Do you feel that your productivity ... from a professional point of view, has been affected by care activities?
- R: No, no, I don't. As a matter of fact, I think I've become more efficient and, you know, much more focused when I'm at work knowing that there's things that I need to get done and I need to get done in this timeframe because I don't have the flexibility to get it done later. So I'm much more diligent and focused on achieving those goals and achieving them quickly and getting things done early because
- I: So your productivity has been affected positively?
- R: Yeah, I think, I guess so, I think I'm more ... more efficient, I think, yeah. Whereas I remember in previous work experiences when, for example, my boss before I worked here, she was not married, she didn't have children and she didn't care about her time, you know, well, she just thought about it differently, so that if she had to stay in the office, she would work in the office all day and then at 5:00 we would try to go home because that was the end of our workday and she would all of a sudden remember a project that we had to do and keep us there until 7:00 at night or something. It was, you know, to me that was ridiculous because you could have done it earlier in the day, why stay late. But she just didn't think about her time the same way.

In sum, as all the examples above illustrated, care is simultaneously a key drive increasing the ability to achieve their objectives in a smaller amount of time and a key source of EE. But there are other less visible and less explored aspects of care we need to highlight if we want to get closer to its core nature. The role of care as *status enhancer* and its function in increasing people's subjective well-being are among them.

Something That Makes You Feel Good: Care as Status Enhancer

The sentimentalisation of adoption and, more generally, the emotional capitalisation of children's value are not new social phenomena; they have been traced back to the twentieth century, as Viviana Zelizer (1994) has

shown. What is new in the twenty-first century are the “customers” in the emotional market: they have expanded beyond more or less traditional married couples to include singles and same-sex couples. “I have children because it makes me feel good,” says Kendrick driving me through his personal experience as a single father.

For a similar reason, Christian, a successful financial advisor living in NYC, still single at the age of 38 and worried about getting older without having a family, decides to start building his family by adopting a child. Christian is the only heterosexual single adoptive father of the four present in my sample of 80 caregivers; the other single adoptive fathers are gay. Christian’s case is particularly interesting not only because it is quite difficult to find a man who, at a certain point of his life, decides to adopt a child by himself, but also because he represents an example of a still relatively unnoticed, certainly understudied, but apparently growing phenomenon: adoption by single heterosexual men. These men, having postponed or given up on the search for the right woman, do not yet give up on the idea of having children, as if in their transition to adulthood, fatherhood assumed a more central role than marriage, and marriage could be either temporarily postponed or even bypassed.

This new emerging phenomenon, which, paraphrasing Hertz (2006), could be branded “single by chance, fathers by choice,” would definitely deserve further analyses, particularly in light of current debates and discourses surrounding care and parenthood in contemporary society. This phenomenon seems to support that part of the literature on citizenship which highlights how, in Western societies, *parenthood* provides full entitlement as a “normal citizen” even more than heterosexuality on its own (Turner 1999a, 2008; Richardson and Turner 2001). During the interview, Christian told me he knew several other professionals or businessmen living in NYC who had opted for single parent adoption before finding the right partner. It would be interesting to explore the extent to which this still not-so-visible phenomenon is changing our notions of the family or just revisiting its conventional steps: first a child and then a partner rather than the other way around. Above all, it would be interesting to know the extent to which the phenomenon of men desiring parenthood, with or without a partner, is becoming less uncommon also in those countries that do not legally allow single-parent adoption. At the

time of the interview, Christian was dating a female partner and did not exclude at all the possibility of getting married, should he find the right match. However, although he still had not found a partner, he decided to adopt as a single parent because—he says—similarly to a woman who decides to get pregnant, he felt that the time had arrived for him to get something more out of his life; something that could make him “feel good”:

I: Why did you choose it?

R: Well, I just thought that, you know, well, I knew I wanted to have a family and I thought it was very important to have more meaning in my life than just working and going out drinking with friends and blah, blah, blah, you know. I mean I liked my life, you know, I never complained, I’m not one of these people that complains about not being married or whatever because I mean I actually, I like living in New York City and I like my friends, I like my social life and I like, my job is okay, you know. But I just thought I wanted to have a little more meaning to it, and I always wanted to have a family and I just didn’t want to wait any longer because I was getting older. So I don’t know, you know, as far as like how this, I mean years from now how do you judge this, I don’t know. I really thought I could provide a loving home for a child, then that child would bring as much to my life, you know, as I would to his, you know, maybe it’s like one of these things where it’s hard to really explain it. People always ask me this, I don’t know what you’re—it’s a hard question to answer because it’s like why are you doing this or what do you want to get out of it or what are your expectations, and none of those—they’re all hard questions because you’re not really sure what you’re gonna get out of it. [...] ...but you’re doing something that makes you feel good as you’re really providing something else that, something for a child that can benefit his or her life. I don’t know, I’m never good at putting this into words. I guess it’s the same reason people get pregnant, they just, they feel like they [...] have something more to give or they want something more out of their life and, you know, the only way to do that is to have a child in their life.

I: So it doesn't make any difference, in this respect, adoption or pregnancy?

R: No, it wouldn't for me.

Max, instead, a single caregiver, clarifies in the following quotation how taking care of his grandmother not only makes him feel good, but it also helps him to rediscover a sense of existential continuity, security, meaningfulness; in other words, a clearer sense of his own personal identity and biographical trajectory. Through the daily interaction with his grandmother, he comes to know old family stories and anecdotes he would never have known otherwise and this creates a sort of coherent and uplifting narrative in his life:

I guess gain, you gain a nice sense of giving, helping other people makes me feel better about myself, so I always think it's good to give. Because I think it generally makes you feel better about yourself as a person. I always find that, I feel good about [...] helping my grandmother somewhat, helping out. And knowledge, (she) tells a lot of stories, giving a sense of what it was like in the older days and you get a lot of tradition, and the closeness, there's always company, it's always nice to have people around, you know, get a lot of welcomeness, which is good. And we play games, we play Scrabble, do some things together.

Another clear account of care as “something that makes you feel good” is provided by Tom, who also shows how the emotional dynamics implied in care can be activated through people's internal conversations: the long lasting effects of EE and other emotional states are activated in people's mind even when the person who receives care is not physically present. In the following excerpt, Tom describes himself as “really energized” by the simple idea of going to visit his elderly friends, even before he sees them. And then, his energy—in his own words—“goes greater, higher” when he is with them, and it lasts also after he leaves them. The positive EE produced and released through Tom's internal conversations assumes even more interesting connotations when we consider the fact that he is talking about elderly people affected by Alzheimer's disease who interact with him mostly through their body language and their emotions:

- R: [...] I get really energized when I go there to take care of them.
- I: How do you, first of all, can you walk me through this kind of feeling energized, being energized? How do you feel energized?...
- R: I feel, yes, my energy level before I even got there even goes greater, higher. It makes me want to do more than what they even expect me to do.
- I: Does it last, do you feel that this effect, energizing effect lasts also when you leave, that you still have this sort of...
- R: Yes, I still have it, yes, after I leave the persons, yes, knowing that I have done something for somebody and that is my emotional energy, yeah.
- I: How do you get a sense that you did a good job if they don't tell you...
- R: The way they do respond to certain things, I do pick up their appreciation, their body language, yes.
- I: So even if they are in an advanced stage of Alzheimer's disease, you still do have...
- R: I do recognize their body language and I even recognize when they are happy and when they are sad, yes.

Besides making people feel good, care, and particularly parental care, possesses important implications in terms of status enhancer; it provides people with different individual reputations² and social positioning, quite often producing what I have called a *status upgrading effect*. The status upgrading effect in terms of personal reward, self-worth and self-esteem deriving from care responsibilities is eloquently exemplified by Kiara. In the following quotation, she gets emotional in trying to express how taking care of a needy person makes her feel “a good person”:

Well, there's definitely a satisfaction that you get and you certainly get a lot of love, and you get a feeling of being a good person. There's a lot of personal satisfaction, if you will, in caring for someone else, even if they can't tell you they appreciate it. [...] Yes, and when you're caring for somebody, for example, who's sick, sometimes you do it because you know how it feels. When you're sick and somebody, you know, when you're up in the middle of the night vomiting and somebody—when I remember being

little and somebody being with me, that was a wonderful thing, you know. It makes me a little teary to think about that. When you're really feeling terrible and there's someone there for you, it's a wonderful thing. So to be that wonderful person for someone else is a really satisfying thing [crying]. Also, from my religion it's—I don't know if you know the word, mitzvah, a mitzvah is a good deed. So it's really a mitzvah, more than a good deed, but it's like a wonderful, it's like beyond words how wonderful it is to care for someone who needs care, and especially if it would be an older parent, to care for someone who's ill, you know, to care for a child. So I've kind of grown up with this teaching of, you know, to do for others and to invite the needy person into your home, to give to the poor, you know, donate when you can. So there's this satisfaction of feeling like I did a good thing.

The implications of parenthood in terms of status are visibly illustrated in the following excerpt where Morgan and Alena, discussing the social propensity to give parents a higher ranking in society, spontaneously and explicitly use the term “status”:

- Morgan: [...] I think a lot of men get a lot of status out of being fathers, even though they ... they don't necessarily do as much.
- Alena: They may not do as much, yeah, they may not be very involved fathers but they get a lot of juice culturally from being fathers. Look at all our politicians [they] have to have children, pretty much, to get elected.

Pamela pushes herself to say that motherhood provided her not only with a different social status (“I gained some respect”; “you can connect with other people through your children”) but also with a different social visibility:

- I: Do you feel that other people started looking at you in a different way since you became a mom?
- R: Yeah, definitely since I became a mom. For some people in my family I then gained some respect, whereas as a single adult or coupled but no children, yeah, it was though I didn't exist in some ways. And I think part of it is because you can connect maybe with other people through your children. You compare notes about your children.

But it was my sister-in-law, really, who once I became a parent I think she definitely viewed me in a different light. And part of that may be because I've changed since becoming a parent, to some extent.

The social acknowledgement of the caregiver's worthiness reinforces the emotionally empowering and rewarding aspects of care. Martin illustrates this in the following excerpt where he also highlights a form of gender discrimination towards single mothers. As a single father, he feels he is getting a substantial amount of social acknowledgment and reward or even admiration for the fact that he is taking part in children's social and recreational activities at school; whereas for single mothers, he says, there is not such an appreciation because, from a societal point of view, they are just doing what they are supposed to do. Thus, Martin's involvement in his children's lives and social activities seems to be important not only to ensure the children's well-being but also for his individual reputation, for his being "seen in a positive light":

- R: And that's what I always try to show the boys as well, which is, I always prioritize their needs and their wants and what's important to them first. I'm gonna run, I'm gonna do for them and if there's something going on at the school or wherever else. And again, I think people have only seen me in a positive light because when there's an event everyone at the school knows me. If there's an event at the school I'm there with the kids. If there's an event, you know, at the park or in the community or something else, everyone knows me because again, they see me with the boys, always have all the time. [...] I think society sees it as it's the mother's job and responsibility. And I think that's unfortunately a stereotypically shame, unfortunately, that, you know, the mother should stay at home and, oh, she's getting child support or whatever. I think there is a double standard and I think, you know, I get accolades for it where a single mom, they might go oh, well, that's what she's supposed to do. And frankly, it's sexist [laughter].
- I: So you think that there's a distinction between single moms and single dads in this respect?
- R: Absolutely, absolutely, and again I think single moms get the short, for the most part get the short end of the stick on that one.

Feeling good and acquiring a sense of self-esteem or self-worthiness are not the only emotional states brought up by parenthood or care more generally. Megan underlines the particular sense of pride that accompanies every experience of parenthood perceived as successful. And such sense of pride assumes a completely different meaning and implication when it is analysed within the context of gay and lesbian parents; I will address this important point more closely in the chapter specifically devoted to same-sex parenthood. It is worth noticing, here, the emphasis with which Megan stresses the “REALLY” enormous amount of pride she feels for being a good mother (the capitalised letters indicate such emphasis):

Well, I didn't think of myself as a mother and I REALLY think of myself as a mother, and I REALLY, I take an enormous amount of pride in being a good mother, I mean I really, really do. And it's very valuable to me. And I feel like I'm good at it.

In the following quotation, James talks explicitly about his increased sense of self-worth and how the emotional effects originating from his successful parenthood can also create a positive emotional contagion in other contexts:

Well, yes, I think I started to take things much more seriously with my child because I guess it's a means to, I don't know, it just, I guess, changed my whole outlook on life because the sense of responsibility for a child is almost overwhelming and I guess I tended to put that into all aspects of my life. Because I feel like a success as a father, I think I can use that in other ways in my life. It's really made me feel much better about my own self-worth, I guess.

Compensatory Effect of Care and Care as an Alibi

Another less explored aspect of care within the context of its positive/productive sides is what we could call the *compensatory effect* of care. Sometimes care responsibilities and activities help people make up for and/or justify shortcomings in other contexts, and particularly in the

professional context. The compensatory role of care goes hand in hand with another characteristic of the phenomenology of care, which, in my thematic analysis, I called *care as an alibi*. Using care as an alibi occurs when care responsibilities are used as a sort of *ex post* justification for not having been able to accomplish certain goals in life. This justification typically occurs in a professional setting—when people use care as an excuse to justify their own career gaps or shortcomings; but it can also involve other contexts—for example, when people use childcare responsibilities as a justification for not being involved in other types of care responsibilities, such as elderly care.

Although these two aspects of care share some common ground, they are quite distinct. The *compensatory effect of care*, in fact, is an eminently subjective process that tends to precede, as its premise, the care choice, while *care as an alibi* is an eminently inter-subjective process which is subsequent to the experience of care and is used as a form of explanation of failures in front of a whole set of generalised others (i.e. colleagues, family members and friends). In other words, care can assume a compensatory role as a redeeming and consolatory strategy making up for disappointments in other contexts, or it can be used as an alibi, to explain and somehow justify those disappointments in front of others. The rationale of the first strategy might be summarised as follows: I am not a successful worker/teacher/writer/partner/academic/and so on, *but* I am a successful parent/caregiver/friend. The argument of the second strategy can be instead illustrated with the following statement: I am not a successful worker/teacher/partner/and so on, *because* I am a successful parent/caregiver. Although quite different, these two mental processes belong to the broader category of the *productivity of care* illustrated in this chapter because they both possess the ability to transform unsuccessful (or not-so-successful) existential or professional outcomes into positive ones, or at least to mitigate their costs. Many of the caregivers I met, more or less unconsciously, seem to be using both these strategies when they are trying to assess their outcomes in the professional world as either successful or unsuccessful. The ambivalence of these strategies, especially when they are used simultaneously, is exemplified in the following excerpt where Jason, on the one hand, transforms family care into an excellent substitute and rationale for his not-so-brilliant CV, and, on the other, he candidly admits the following:

I'm often surprised at, particularly with dads, I find that other college professors, men who have kids, I'm often surprised at what they're willing to do, like come in at night, teach night classes and be gone a lot more than I'm willing to do. [...] So I've felt bad before with other men who I know have kids and I'm not willing to do things that they seem to be willing to do, for work purposes. So I suppose in some ways I'm an exception in that way. I think that they would probably all say, too, though, that their family is the number one priority. But time wise I just [...] Time wise I think I put more in with the kids than many of my colleagues who have kids, male colleagues who have kids. And that's really important. And I feel like, I mean I do feel like that's hurt me professionally. I mean I just, actually this afternoon I got together with a guy who was in grad school with me now and he probably has, I just saw his CV the other day, he must have 12 or 13 publications. He just works like crazy. He's got two kids and we're very similar people but he just doesn't spend as much time with his kids but he's got this amazing, this really nice CV now that is much better than mine. It has a couple book chapters and, you know, and it's, you know, in some ways the routine of class, of teaching, is, you know, I have to be there for that. But it's those extra things like writing and research and things like that, that I find that I don't do. Maybe I'm using the kids as an excuse, but I think a lot of that is because I've chosen just to spend more time with the kids, too. When you're a parent you're always comparing yourself to other parents. And, most of the time, I often feel like I'm just not measuring up, you know.

Jacqueline assesses the benefits and the costs of care with a similar ambivalence. "*If I did not have children then that would be a different story*", she claims; however, she then adds, what I get from them "*is priceless*". If I had more time, she continues, I would have done more research and attended more conferences; but "*I was never really a career woman anyway because when I accepted the job that they offered me at XXXX it was not a tenure track*". And so on and so forth. Her wavering between "ifs" and "buts" underlines the circularity and the ambivalence of her arguments, to a certain extent torn between the use of care as an alibi and the use of care as a substitute, but ultimately more inclined to admit that prioritising care over her academic career helped her to find "*the perfect balance*":

Now, if I did not have children then that would be a different story. I think then my work would be a lot more important. But having children, you know, I want to spend time with them, I want to see them grow up and so I need to have time for that, which is also why I do what I do, because I have my summers. And at least if I'm crazy busy during the school year I know that I have three months in the summer where I can spend time with my children. [...] Well, yes, there are things that I would like to do for work that I cannot do because simply I don't have the time. On the other hand, what I get from my children is priceless. So, you know, it's a trade-off. And then that's the hardest thing about becoming a parent, you have to learn what your limitations are and live with them. Because otherwise you would drive yourself crazy if you, you know, if you think, oh, my God, I'm not putting enough time into work, I'm not doing all the things I should be doing. For example, I haven't done research since I finished my Ph.D. because I don't have time. I can't go to conferences, you know, with children. [...] ... [But] I was never really a career woman anyway because when I accepted the job that they offered me at XXXX it was not a tenure track. So if I had been, you know, if career was the most important thing for me, I would not be doing what I do here, I would have looked for a tenure track position. And I didn't because I knew right after I finished my Ph.D. when I was like 35, that I wanted to have children and that if I was gonna have children I could not dedicate as much time to my job as I would have needed with a tenure track position. So that's, you know, I found the perfect balance.

Differently from Jacqueline's fluctuations, Edward's account provides a quite unambiguous example of the potential compensatory effect of care. His daughter, in fact, was born a year after a tragic event in his life: the sudden death of his oldest brother. Parenthood became for Edward a "blessing" occurrence which helped him to come to grips with that tragic event:

I let her know how much I love her. And I let her know how much she was the best thing in my life, that ever came in my life and she was a godsend. My daughter was born a year after my brother, my oldest brother's death. My oldest brother passed away a year before my daughter was born. So she was born, she was like a godsend, yeah, she kind of filled the void. So to me, I've always let her know that she was a blessing. And like I said, she's

the best thing that came in my life ever, ever. And if I turn back the clock, do I wish I could turn back the clock and change it all over again, other than trying to hope that at that time me that me and her mom could have worked things out differently like as far as being together, probably. But otherwise as far as having my daughter, I don't regret a day having her.

Jerome, a single gay man who has unsuccessfully tried to become a father, shares his internal conversations about parenthood making some considerations about the intrinsically ambivalent nature of the procreative choice, but also exemplifying the complexities and the grey areas surrounding the multiple implications and meanings of parenthood:

I don't know, I think a lot of people, and it's a very easy thing here to say, and I don't know for women because I think women have more of a response to having kids. I think they're more programmed for this. And maybe men, some men are too, and I'm not saying that it should be denied to anyone because I think that it is very important that people do what they feel and if they want to have a child. At the same time I think it's a bit, I find it a bit conventional somehow, that, you know, people will want to have kids as the answer to a lot of things. And that's my feeling. Sometimes I think it's a little bit of a smokescreen in order not to assume a lot of other things. But I could go back over all this and say, well, this is ridiculous because people are, you know, I'm sure some people really feel like they want to have kids.

Not surprisingly, considering the gender inequality which still characterises our societies, more women than men in the sample use childcare to explain gaps in their careers and disappointments; and often with no regret. Thus, although Megan concedes that childcare responsibilities have radically changed her professional and existential priorities, she does not see it as a negative occurrence:

No, and it's not, I mean in fact I think that I, I mean it's not all Alena and it's not negative, necessarily, either. I mean if it's made me think about what it is I really want to spend my time doing, then maybe that's a positive. You know, if I'm only gonna be able to work, you know, if I have a finite amount of time for work, maybe I want to make sure that I spend that time on stuff that I really care about instead of trying to get an article published [laughter].

Meredith, instead, says she would never change her choices, although she admits her regrets for not “having accomplished” or “written more”:

I wish I were, you know, a more productive person and I could do it all [laughter]. Yeah, yeah, I deeply regret not having accomplished more, not having written more, yeah. But knowing the circumstances and what I had to deal with, I would make the same choices.

The enormous power of parental care when professional career is not enough is highlighted by Rose in the following quote, where two of the most important aspects of individuals’ identity—work and family—are assessed, and parenthood seems to be overwhelmingly winning over career:

But it made me a better person because now I don’t feel lost anymore and I don’t feel—like I feel appreciated, I feel like I have a lot of purpose now. But before you just don’t really—Other than a career, what kind of purpose do you have before children? I don’t think, I mean that’s from my life experience.

On the other hand, using childcare responsibilities to explain or justify the absence of a fully satisfying career and expressing some regrets for this is more typical of some (but not all) male respondents. Having children and not getting a degree at the right time affected Ronald’s ability to have a successful and more fulfilling career, or at least his overall *attitude* towards work and career, as he says in the following quotation. In doing so, Ronald also points to another important aspect of parental care: the power it can exert not only on people’s actions and behaviours but also on their cognitive, affective and motivational states³:

I may not have been wealthy financially but I became wealthy in relationships with my children, in memories, in—and now, you know, my children are adults and that’s wonderful relationships, you know, good relationships, loving relationships. So what I’ve gained in having children I don’t think can be measured. What did I lose? Maybe I lost a bit of a fulfilling career, perhaps, that might have been the thing I lost. But I’m a pragmatist, you know, I mean I know that most people, most people don’t enjoy their jobs, I think, for the most part. I mean some do, and they’re very privileged, I

think, and fortunate. But I think most people, you know, they have to work. They just work and it may not be everything to them, but they work. So I don't see myself as... [...] Yeah, I mean I guess I do think that. Although some people who are successful in career and also have a close family would disagree with me. I mean there are people, many people that have had successful careers and successful families. I see that, I'm sure that that's true. I don't think you must have one and not have the other. I mean some people can, I don't think that I've managed my career as well as I probably could have, you know. And certainly having children and not having a degree earlier on affected my ability to have a successful, more successful career. Does that make sense? It affected my attitude about that, anyway.

The examples above illustrate the internal processes through which people either justify their disappointments and shortcomings or find a sort of compensation for all their not-so-successful life accomplishments by means of successful and rewarding care experiences. Regardless whether they use care as an *alibi* or as a *substitute* for unsuccessful outcomes, the majority of the caregivers I met seem to find in care not only a possible scapegoat and refuge but also the possibility to transform even the least significant care experience into a potential source of EE production. What if these people would not have had care in their lives? How does denying people the opportunity to care about their children and their beloved ones raises issues of inequality also in terms of access to and utilisation of such emotional resources? Care, and particularly childcare, is a crucial site for people's self-realisation and for their definition as human beings. Denying people the possibility to care as *legitimate* and *fully entitled* caregivers creates a serious type of inequality as it denies the possibility of fulfilment of one's own potential through care. And care, as we saw in this chapter, can also become for some a sort of decompression chamber or buffering zone to make up for the inescapable disappointments and shortcomings which accompany everybody's lives.

The self-empowering aspects of care and their relevance for status inclusion and the production of EE have been significantly neglected from current literature on care, particularly in a perspective that includes different ways of *doing care* and *doing gender*. This chapter has highlighted the *productivity of care* and its multiple facets in terms of increased efficiency, emotionally empowering dynamics, increased well-being, status

enhancement and identity reinforcement and confirmation. Acknowledging the intrinsic value of care and highlighting its potentialities in terms of social inclusion and self-empowerment does not mean giving voice to a romanticised view of the world or failing to recognise the draining aspects of care, but rather *capitalising* on care as a long-term investment and a resource. If the majority of the caregivers in this study experience care, and particularly childcare, in terms of status inclusion and self-empowering processes, some however experience feelings of exclusion, isolation and powerlessness.

The capitalisation of care can only be accomplished by facilitating the conditions under which care can become a self-empowering and productive experience and by reducing those under which it becomes a constraining, excluding or EE draining experience. Creating the conditions for more caring, more just and more inclusive societies and acknowledging the role of all different types of carers (single and partnered/married; heterosexual and homosexual; involved in childcare or elderly care etc.) represents the first step towards these ends. In doing that, we can also reduce the different forms of inequality connected to this fundamental, universal activity. But all this, quite obviously, cannot be left to the individuals alone and their personal/private responsibilities; it needs to be a public and political objective, and it needs to take into account all these still unexplored and less visible implications of care.

The next chapter illustrates other important and less explored aspects of care and the ways in which the care experience shapes people's existential priorities, pathways and feelings. A preliminary emotion-based typology of caregivers is also presented and discussed.

Notes

1. William James, *The Energies of Men*, New York, Moffat, Yard and Company, 1913.
2. On the importance of individual reputations, see Chap. 5.
3. Social psychologists have long identified three components of attitudes: a cognitive component, an affective component and a motivational component. See Scherer (2005).

7

Feeling the Experience of Care: Emotional Typologies

Either directly or indirectly, the experience of care accompanies everyone's life path, from the cradle to the grave, and shapes our existence in ways few other social phenomena do. Care experiences affect all our existential contexts, from work to leisure time, and their emotional components affect the ways we navigate throughout these contexts and, ultimately, the way we make our way in the world. This chapter provides some accounts about the different ways in which people choose care or experience it as a gift, the specific form of *rationality* characterising care (Waerness 1984), and the *felt* and *lived* experience of care, accounts which are summarised in a preliminary emotional and existential typology of the caregivers I met. Through their care practices, people experience an entire emotional spectrum outlining and shaping their daily practices and care choices but also their broader, long-term attitudes towards life and the ongoing process of definition of their identities. The following sections provide us with important insights about the caregivers' abilities and creative strategies to make sense of their felt and lived experience of care and to make—through it—their own way in the world.

Care as a Choice and/or as a Gift

Whilst the positive, bright and productive sides of care are often reported as something unexpected, the majority of the caregivers I have met described care¹ as a deliberate choice corresponding to the specific existential plans they have designed or imagined for their lives. This is clearly the case of Kendrick who, in order to pursue his parental choice, not only leaves his partner who did not want to have children but also renounces—with no regrets—to a successful millionaire's professional career. Kendrick has always put parenthood at the centre of his existential choices and care has shaped, from the outset, his whole existential ladder²:

The decision, I made the decision many, many, many, many years ago. But I was with, I had two long-term male relationships that, where the other partner did not want to have kids. So the last time I broke up that second relationship, which would have been about 10 years ago, I just decided it's more important for me to be a parent than to wait for the right husband to come along. So from that standpoint the decision was easy, I always knew I was gonna be a parent. The bigger, the harder decision was to decide I wasn't gonna wait for the right person to come along. That was the hard part. [...] I mean I made choices professionally at the very beginning that were lifestyle related. I mean most of my friends from graduate school are, you know, they're making a million dollars a year and they have these high powered jobs and, you know, I wasn't into that, it wasn't really what I was looking for. So my personality created a different sense of what my ladder would look like, I guess.

Quite obviously, the element of choice assumes different connotations for gay and lesbian parents; the strong motivation and the additional complications of getting to it being some of them, as we saw. Such strong motivation and the additional difficulties they meet create a situation in which the parental choice can only mature gradually and during a relatively extended period of time. Besides, the social pressures that sometimes push a "conventional", heterosexual couple to consider parenthood as a "must" certainly do not apply to same-sex couples, for whom, on the contrary, social pressures go exactly in the opposite direction, and having

children, as Frida says in the following excerpt, “is not an easy thing to do at all”. In what follows, Frida emphasises precisely this difference: the difference between those who “are doing it because they’re supposed to be doing it” and “those of us who are doing it and [...] it’s not an easy thing to do at all”. Gay and lesbian people, as she highlights, cannot get pregnant and/or decide to have a baby by chance or “casually”:

And I think the distinction of, you know, at least for now there aren’t any gay and lesbian couples that are kind of casually deciding to have kids, I mean you just couldn’t do it. I mean it took so much intentional effort for Leila and I to have these kids that it has to pay off in terms of the quality of care that we’re giving them, as opposed to like, oh, you know, we got married and of course we’re gonna have kids but we didn’t even really think about what having kids meant. And so now we’ve got kind of people who are doing it because they’re supposed to be doing it versus, you know, those of us who are doing it and it’s still another layer coming out and, you know, it’s not an easy thing to do at all. So both from intentionality, like you know, you have to be really intentional about it, it’s not gonna just happen, so you’re never really stuck with it. [...] I mean you can’t say you were stuck with a baby, you know. So those who end up with the kids are, you know, really, so those kids are incredibly well served because they’re, the caretakers of them, you know, so much want to be, do it all for them.

Care choices, however, can be visualised in many other ways and they can also involve adult or elderly care. One of these circumstances is exemplified by Claire, who, facing the problem of her mother’s health issues while she was working full-time in another country far away from home, decided to go visit her at any cost, even at the expense of her own job. After a long period during which she had never managed to spend more than a week every year with her mother, she realised then that her mother’s conditions required her presence; and she was willing to quit her job, should her employer not allow her a care leave:

...so when a situation like that occurred, which was not, like she was not in a bad, she didn’t have any major problem or anything, she broke her arm, she couldn’t do anything at home. But mostly she was, I think she was a little bit depressed and I just felt that that was more important than

anything, that I had to go and I had to be able to spend more time with her than I usually spend, than I had spent over the last five years, which was, you know, a week, or two every year, you know, maximum. And I said no, that's enough, I've been here for five years and I want to be with her for more than 10 days and really be with her for a while. So that was it. It was a no-brainer for me, actually, because when I decided that I was ready to leave the job if that was the case, if they didn't agree. [...] Yeah, and I remember when I talked to Rob [her partner] about it before talking to the company, I said well, I'm gonna talk to them this week about this, I really have to go, it may be that they're not gonna accept it and if they don't, they don't.

While, for some, care choices can become a reason of family disruption,³ for others, they can instead become one of the key elements or premises of a relationship. Forrest, who at the time of the interview had been living with his partner for more than 25 years, is one of the numerous gay interviewees who told me that he and his partner had chosen each other also on the basis of their procreative intentions. Bearing in mind his age (51), he can probably be considered as one of the pioneers of same-sex parenthood in his generation. He already knew, with his partner, they wanted to be a parent back in the 1980s, and they eventually managed to adopt their daughter ten years later:

So, yeah, and in fact that's why we, that's part of the reason we liked each other when we met is because we both wanted to have kids. And we have the same politics and all that stuff. But we both were interested in having kids and finally, 10 years later, we were able to adopt a child.

Experiencing care as an intentional and purposeful choice undeniably represents one of the most powerful sources of emotional energy (EE) and, quite obviously, the chances of gaining in terms of emotional and psychological resources are much higher when care is deliberately chosen and embraced. However, as we have seen in Chap. 5, even in the darkest care experiences, there is always room for gleams of light; and the role of care in terms of status enhancement and production of EE can be visualised also when people do not necessarily choose care and when they are forced to assume their role of caregivers by default rather than by choice.

Care becomes particularly enriching and empowering when it is lived and felt as a *gift*.⁴ And also elderly care, which is typically associated with problematic aspects or viewed as a burden, can be welcomed by some as an unexpected gift. Nora, for instance, gets emotional when she recalls her choice to give up her profitable law firm job in order to take care of her mother. Despite the multiple challenges she had to handle while taking care of her mother, leaving her job also gave her the opportunity to make up for the time she had never managed to spend with her daughter:

Like a lot of people would say to us, like even when I left my job in, my law firm job, I had a client who was an attorney [...] she and I were friends and she just couldn't believe. She couldn't believe that, you know, saying oh, my God, why would you do this, why are you giving up so much? And people would say to me, about my taking care of my mother, you guys are doing so great, all that sacrifice, they used that word, sacrifice. And I think, in the end I always thought it was a gift. It was a gift, [crying] a gift that my mother gave me, it was a gift to be able to stay home with my little girl when she was three, the year that we stayed home together with Maggie. That very first week that I was home with her and she wasn't in school and we were doing all these things and going to the zoo and it didn't matter, we could go to the zoo, she liked kangaroos and stand there for an hour and watch kangaroos, we didn't have to rush. [...] We'd go in the middle of the day, we'd just sit there and we'd watch the kangaroos for like an hour and we'd just stay there; you have the luxury of just doing whatever you want.

This brings us back to how Western societies devalue care, as discussed in Chap. 5, and raises important issues in terms of social class and social justice. Evidently, not everyone can afford to quit their jobs to take care of their beloved ones; but there is something deeply wrong, intrinsically unjust and entirely irrational in all this. The pricelessness but also the affordability of the experience of care as *a gift* is something that should be part of the building blocks of our societies, as there are things which simply cannot be commodified or reduced to mere logics of market. Marlon illustrates here the priceless implications of the unconditional love he gets from his daughter and critically underlines the inhumanity of reducing it to a commodity:

As far as rewards, there's a lot of them. You get to feel like, you know, like there's nothing more than the unconditional love you get from your child, I mean that you can't buy anywhere. You come home, there's somebody that's so happy—every time I go to the day-care to pick her up, there she is—daddy, you know, she's all happy, wants to tell me about everything she did. So that's something, I mean like people, movie stars making hundreds of millions of dollars, you know, still have that [...] but they might not have that unconditional love. It's not a commodity, it's something you can't buy, you know, and you get that from a child.

Describing care in terms of a *choice* or a *gift* by virtue of its inherent rewarding aspects might induce one to think that there is an implicit costs/benefits assessment of its potential advantages and disadvantages; in other words, that the care choice could represent for some a sort of rational choice. And indeed, whilst care responsibilities reduce people's freedom and options, they also give them status, enhance their sense of self-worth, self-empowerment and well-being and produce significant inputs of EE, redefining their strategies in the direction of a more productive and efficient action mode. However, even when care corresponds to life choice which is intentionally planned, the caregivers I have met tend to describe it as something whose multiple benefits, meanings and implications can be fully grasped and understood only after people have experienced it. Moreover, would an explanation of the care choice based on a mere rational or cold-blood calculation be satisfactory at all? Which other ingredients compose the vast phenomenological portrait of care, intertwining elements that make it difficult to draw clear-cut distinctions between *emotional rationales* and *rational explanations*?

Even accepting the idea of a market of EEs⁵ in which EE seekers constantly evaluate their costs/benefits balance—attracted by EE-empowering and repelled by EE-draining situations—can we be satisfied with an unequivocal distinction between positive and negative emotions or successful and unsuccessful interactions? How then do we explain people's fascination and appeal also for less successful or more problematic experiences of care? Similarly to other key existential and emotional components of our life, care inhabits a sort of transversal dimension that cuts across binary distinctions between positive and negative, rational and

irrational, public and private, inclusion and exclusion and so on, making of it an attractive and seductive good in itself, no matter what. The hybrid and complex nature of such transversal dimension of care is what I aim to discuss and illustrate in the next section.

The Rationality of Care

The motivations that push people towards care are various and multifaceted. We have discussed the importance of care as a (more or less conscious) strategy for pursuing long-term emotional satisfaction and status belonging; but we have also seen how people can find themselves trapped in their role of caregiver by default and without having chosen this situation. We have also seen examples of the productivity of care, of its compensatory or justificatory effects and of its appealing, emotionally energising and empowering aspects, especially when care is perceived as a choice and/or as a gift. Together with these important components of the entire phenomenology of care,⁶ there are other emblematic aspects of care that—albeit rational—go beyond the simple sphere of scientific rationality and pertain to those practices of care that most caregivers learn or create intuitively and that are not easily grasped without a closer look at people lived and felt experience of care. I am talking here about those aspects of care practices and rationales that can neither be learned from books nor can be easily understood from the perspective of an outsider; they are instead shaped and given meaning by the caregiver's subjective experience. In other words, I am talking about what Kari Waerness long time ago defined in terms of *rationality of care*, something “of fundamental importance for the welfare of the dependents, and at the same time different from and to some degree contradictory to the scientific rationality on which professional authority and control in the field of reproduction is legitimated” (Waerness 1984: 195). In order to understand the rationality of care, “one has to think and act on the level of the particular and individual. This means one has to understand from the position of an insider, and the kind of generalized scientific knowledge one may have, at best, seems very insufficient in guiding one's practices” (Waerness 1984: 197).

In this section, I illustrate examples of the different ways in which the *rationales* of care and its specific form of *rationality* can be translated; how people creatively shape their care strategies and adjust them according to the changing needs of the care receiver; how people make sense of their care experiences; how often the care receivers need forms of care that have not much to do with professional, medical or scientific care; and how people ultimately intertwine the rationales and the rationality of care with their own biographical trajectories and identities and with broader sociological, political and ethical issues. Thus, for example, in the next touching excerpt James tells me how he managed to find his own original way to communicate with his father, whose speech abilities had been partially impaired by a stroke. The creative and unique strategy he employs to interact with his father is something that spontaneously surges out of his position of “insider” and experience as a caregiver; something that is quite unlikely to be found in a specialist book on adult/elderly care:

- R: He can eat by himself. Someone needs to cook for him, though, someone needs to, you know, change his bed, do his laundry, just day-to-day everything, just about. He’s paralyzed on half of his body and he can’t speak, so
- I: He can’t?
- R: No, he cannot, so it’s all done with yes and no, you know, gestures, head gestures.
- I: Can he write?
- R: He can’t write either, because he’s right-handed and it’s his right hand. So he’s paralyzed. However, he can sing, which is an interesting
- I: Sing?
- R: Yes, he remembers songs. If you can hum a tune, he can sing words. And sometimes we’ve used that as a way, a link to speech, to common everyday speech. My na-me-is-John, you know, I’m-do-ing well (singing 🎵)—if you put things in a melody for him, he can catch on.

For Heather, there is a sort of double rationale underlying her decision to care for her elderly grandmother. On the one hand, she feels she should

reciprocate the love and care she received from the grandparents who raised her; on the other hand, she also thinks that, by doing that, she will be an important role model for her three children and provide them with a good example of gratitude, generosity and reciprocity. Both motivations help Heather to make sense of her not-so-common choice and, at the same time, to make her demanding care responsibilities more bearable. Above all, the pedagogical rationale underlying her care choice represents also an example of how—by doing care—people also reproduce a specific idea of reciprocal entitlements and duties; in other words, a specific idea of citizenship⁷:

I'm an only child so, growing up, many times my mother and I moved from one home to another, and a lot of times I lived with my grandparents and they raised me. [...] during my life I spent probably more time living with my grandparents than I did my mom, so this gives me an opportunity to give back to her all that she gave to me. [...] and she doesn't—her retirement is not a whole lot of money so she wouldn't be able to be in one of the nice assisted livings, she would have to end up in one of those, you know, state-funded basic nursing homes. And as long as I can take care of her and she can still get herself to the toilet and feed herself, I'll keep her with me as long as I can. [...] Even though she's, like I said, she's 91, she complains a lot, she's very childish, still it's very fulfilling for me to have her there. And I think it's showing the children, it gives them a good lesson, too, about how families should take care of each other.

In Max's case, taking care of his grandmother fits perfectly into his current existential situation: he is single, he is gay, he has no children and he shares his care responsibilities with his open-minded father who has no problems with his sexuality. But care assumes, in this case, even more evident social and cultural implications, as it involves pooling resources and team work philosophies and rationales. Thus, for Max, cohabiting with and taking care of his grandmother becomes also a convenient strategy to pool resources together and maintain family ties; and ultimately—as he puts it—having three generations under the same roof is “cool”:

I guess our goal is to make her [Max's grandmother] comfortable and to help meet her needs physically, her medication and her diet and a little exercise. And I guess it means also a good way of keeping the family intact,

it's nice to have three, in a way, three generations in one household, it's kind of cool. I feel happy that I could help, too, that I'm able to help and feel that—I don't have children so I do have some extra time on my hands that I can do certain things that maybe somebody with five kids couldn't. And I'm single, I'm gay, my dad accepts me, so it's kind of a good situation. I look at it as pooling resources. Like I help my dad, he helps me, we both help my grandmother. I always look at the group—more people are stronger than one person by themselves, that's how I've always look at it. So I think me and my dad can accomplish more as a team than either one of us separately.

When looking at parenthood, one of its underlying rationales seems to be connected precisely to the idea of life as a sort of existential ladder characterised by several steps and stages, which in turn correspond to multiple statuses and roles in society. The majority of the parents I met admitted that one of the reasons they started thinking about parenthood was related to the necessity to fill a gap in their existential ladder, once they had achieved several other important goals in their life. Thus, for example, Omar describes how, at a certain point, parenthood became for him a sort of remedy against “selfishness” but also a way to elude the existential boredom typical of those who feel relatively satisfied with their professional, economic and social achievements and need additional stimuli and additional sources of EE in their lives; which raises important questions and implications about the *gratuity* of care. “After you get to a certain level”—in his words—what is the point of living a comfortable life just made of expensive travels and other luxury items?

And for me it was more about getting a quality of life, a little bit selfish. I wanted my, the way of living that I liked, but we have anything we want, we don't have any complaints. And there's a moment that you have, I mean I think that we live a very comfortable life, it's comfortable. I was at first, you know what, I'm not gonna be dancing [...] I'm not gonna be dancing until I'm 60 and then you start thinking what's gonna be after, I mean and having a kid, it's kind of like you build that family and it's really nice. [...] And I mean I remember in my case, I mean it was, first it was no because I never thought of it, it was selfish; I wanted to get to a certain level. But once you get to a certain level, what is it, to fly every, like every weekend to

an island and have barbecues, and now you're gonna do that for the rest of your life. [...] Wasting your time or energy doing silly things. It also gets boring after a while.

The search for additional sources of EE is also exemplified by Sullivan in the following quotation. For both him and his partner, the prospect of spending the rest of their life just going “on fancy vacations and travels” or enjoying their affluent lifestyle did not seem fulfilling enough anymore:

Well, the reason why we became fathers then was because we went on a very fancy cruise in the Mediterranean and we had a great time. We went to Greece and Turkey and it was great. And we had been together as a couple for about eight years. We had a great time. And we were on the cruise going this is really, really great and we thought, is this it? So the rest of our life is gonna be we'll go on fancy vacations and travel. And to us that just didn't seem fulfilling enough. We were like we really want to have kids, that'll be fun. And so that was our idea, that's the way it is. [...] We have a couple we're very close to and we love who are very similar to us but they don't have children. And we were very clear that their life would be our lives if we didn't have kids. And yes, they have beautiful multiple homes. See, we wouldn't have homes like that, they have more money than us, but they have beautiful places to live, they travel all the time, they go out to dinner—ehh, I mean and it's great, they work hard, they have friends, it's great. But I'm like oh, okay, so we go on another fabulous vacation, okay, I mean great, but it's not as fun.

Eliza's parental choice matures instead within the context of two other existential considerations. On the one hand, she felt that there was not “much discovery or growth” in her life anymore and that, as a consequence, she needed to imagine a significant turning point; which clearly shows the role of care as a key source of inspiration, personal growth and EE. On the other hand, she felt that “most people of *her* age have many more sort of categories” and that her being identified just as “an aunt” or as “a daughter” was a bit limited and certainly not fulfilling enough from an existential point of view; which clearly shows the crucial importance of care in terms of status and identity:

I think I just was so ready. I think it's been a really good experience for me. One thing is, I mean this may sound odd, but one thing I had been thinking about, and I don't know that I adopted to solve this problem—I mean there were two things, one was I felt like I knew my life before parenting, I knew it pretty well, and I was ready for some kind of change. And one kind of change might have been to go live overseas again or something like that. But I felt like I knew my daily life in a way that I didn't feel like there was much discovery or growth in it anymore. And I had probably way too much time for introspection. So I could think about these things, I mean I think that a lot of people who are in relationships, they may be miserable but they're undergoing some kind of growth through being miserable or whatever. And so I sort of felt like that wasn't happening with me, and I wasn't finding somebody I was interested in. So that was one thing. And another thing was that my mom had died in 1994 and there would be times, so it was like eight years till the time I adopted, where I really felt like most people my age have many more sort of categories, they call it, to, you know, that they're daughter, they're wife, they're mother, they're sibling, they're this and that, aunts and uncles, you know, I just somehow—you know, I'm an aunt and I had been a daughter, but I didn't—and I was a sister, I mean I am a sister, but I felt like it was very, like somehow it didn't feel like [...] I think I felt like there needed to be something closer where I was in a relationship with somebody where it would seem the most important relationship in both our lives, if that makes sense.

The idea of parenthood as an important, symbolic milestone in people's existential pathways is vibrantly exemplified by Frida, who makes an interesting comparison between heterosexual and gay/lesbian adults. Gay and lesbian people, she claims, “are not served by” the typical rites of passage that usually characterise the heterosexual transition towards adulthood and maturity: engagement, marriage, children and so on.⁸ As a consequence, it is somehow less escapable for them to prolong their adolescence and to spend larger spans of their entire life course in a sort of youth culture mode. When heterosexual people approach their mid-30s, they start asking themselves the “*and now what?*” question, and this is how many of them decide to have children—says Frida—but since gay and lesbian people do not “normally” have kids, what can they do? For many of them the parental choice can be more challenging, especially because of the societal constraints and the stigma surrounding it, but it is

certainly not less emotionally rewarding or less entailing in terms of status and existential growth:

Oh, I gained tremendously, I mean because I have the kids, it's made a huge difference in life, I mean it's all the clichés, really, you know, they make you more, they're fun, they're funny, they're, you know. It forces you really to be an adult, you know, and not just always be acting like an adult and feel like a kid [laughter]. So I feel like it's supported my personal maturity, which is a value of mine, you know, like I believe in personal growth. And I think sometimes, again, political digression, [sometimes I think] that gay and lesbians, we also are not served by not having these rites of passage like marriage and kids for our own personal growth, you know, like it's easy to hang out and just like kind of party, you know, adolescent, late adolescent life for, you know, 10, 20 years. I spent a lot of time, not wasted time, but I spent a lot of time in a culture of, you know, lesbian women, sports kind of culture and, you know, you could do it for 30 years stretched out in front of you. And I was just kind of like well, I did it for about 10 and I was in my late 20's, I'm like all right, well, now what do we do?, you know. I guess this is when people would be having kids, you know, but we don't normally have kids as lesbians, so like what do I do. So I buried myself in my work because I wanted to make a difference in the world, you know, I wanted to be more than just me and the next rugby game or softball game or whatever it was, that that didn't have enough meaning for me. So I got a doctorate and, you know, whatever. But at the time when I was getting my doctorate, which just was like a way of deferring my student loans, it wasn't like I grew up thinking, oh, I want to be an intellectual, you know, thank you very much, [laughter] I really want to write a dissertation. It was a way of deferring my student loans and kind of another milestone and, you know, learning something along the way and figuring something meaningful to do, you know, to help people, whether as a teacher or whatever. But I was like one of the few in the crowd that was remotely concerned with lifespan development, you know, and issues of that. So the kids have added to that and made it part of my personal theme of all right, well, what's my next challenge, you know, what will it be, what would it be to be a parent.

Let me conclude this section on the *rationales* of care and its atypical form of *rationality* with Leila's closing remarks. In the following excerpt, Leila describes care as an underlying core principle that permeates every

single aspect of her life and incarnates the very essence of her own identity, of who she wants to be:

I: What is the meaning of care in your life?

R: I think at the end of the day it will be my most important job and the one that gives me the most fulfilment and the most, will contribute the most to being the person I want to be.

I: What do you mean?

R: In terms of being a good friend or being someone who can, who will make a priority of caring for a friend in need, that that is important to me and that people know that about me, that they can count on me, much more so than any satisfaction I would get from, you know, being the officer of a small business. To me helping raise two fabulous sons to be fabulous men and, you know, caring for Frida, I mean that is, goes to the essence of who I am and who I want to be.

I: Thank you.

R: Thank you.

The *rationality of care* can be defined as an intangible good that can be only experienced, felt, learned, or donated, but not easily conceptualised, purchased, or measured. The intangible value of the rationality of care is likely to become an increasingly important asset for the future generations and, simultaneously, an increasingly scarce resource. This is true for everybody, regardless of their gender, social class, age, ethnicity or sexual orientation. However, the scarcity of this intangible good can have more implications for sexual minorities, especially for the aging generations. Until several decades ago, the majority of gay/lesbian people still got married to opposite sex spouses and had kids. Today, Western societies are dealing with the first large group of gay/lesbian childless baby boomers. Several studies have found that more than two-thirds of older gay/lesbian people live alone, and many of them have no one to turn to for help. Unless legally married (where this is possible), gay and lesbian people cannot get time off when a partner is ill or dies.⁹ Political and cultural choices recognising the importance, the entitlement and the contribution of all type of caregivers would help many children without a family

to find one, to deal in a more rational way with present care crises and deficits, and to anticipate future ones.

Feeling the Care Experience

At the beginning of this chapter and throughout the book, I highlighted the importance of analysing people's *felt experiences* of care and people's care rationales, practices and strategies in order to get closer to the nature of care and visualise the dynamics of inclusion and exclusion, but also of status- and EE-production people generate while caring for others. The emotional variation connected to care practices partly reflects—together with other structural variables—the different capacity of social actors to maximise the benefits of successful care interactions and minimise or relocate the costs of less successful ones. Through the detailed description of the emotions they experience while doing care, the caregivers allowed me to get important insights into their ability to handle complex issues, their resilience to stressful situations, their propensity (or lack thereof) to think positively, to underestimate their limits or overrate their resources, and their levels of EE. In other words, they allowed me to sketch an overall profile of each of them based on their aptitudes and general attitudes towards life, which goes beyond the care experience in itself and constitutes the basis to start building an emotional typology of caregivers. In this section, I analyse this emotional spectrum emerging from the interviews and the variations in the emotions experienced while doing care based on the caregivers' gender, marital status and sexual orientation.

It goes without saying that the emotional spectrum people experience within the context of their care activities and responsibilities cannot be reduced to a limited range of emotional states. However, in order to facilitate a conversation on this subject matter, during the interview I showed the research participants a *thermometer of feelings*¹⁰ and asked them to assess the intensity (from 0 to 100) of a series of positive and negative emotions related to their care activities and responsibilities. As I clarified in the second chapter and elsewhere, this study was not aimed to compare different types of caregivers but rather to provide a broader and more inclusive phenomenology of care which might fill existing gaps in the

literature on care. Nevertheless, I think it might be interesting to have a visual representation of the different emotional states emerging from the caregivers' accounts, based on their gender, marital status and sexual orientation. The mean scores shown in Figs. 7.1, 7.2, 7.3, 7.4 and 7.5 give us a general indication of how intense or weak and positive or negative the emotions triggered by care responsibilities are for the different sub-groups. The number of respondents and their distribution among the different sub-groups (see Table 2.2, Chap. 2) are good enough to hypothesise a reasonable distribution of social desirability biases or other types of interferences and to provide a good picture of some of the emotional differences between the groups. In what follows, I will limit myself to illustrate the results and to suggest some preliminary interpretations of them.

The distribution of the different emotional states and their intensity by gender is probably the least surprising (Fig. 7.1). Men, in fact, score averages quite below the women's averages on the entire side of negative emotional states, which might be interpreted in terms of men's tendency to underestimate (or less willingness to declare) the negative feelings asso-

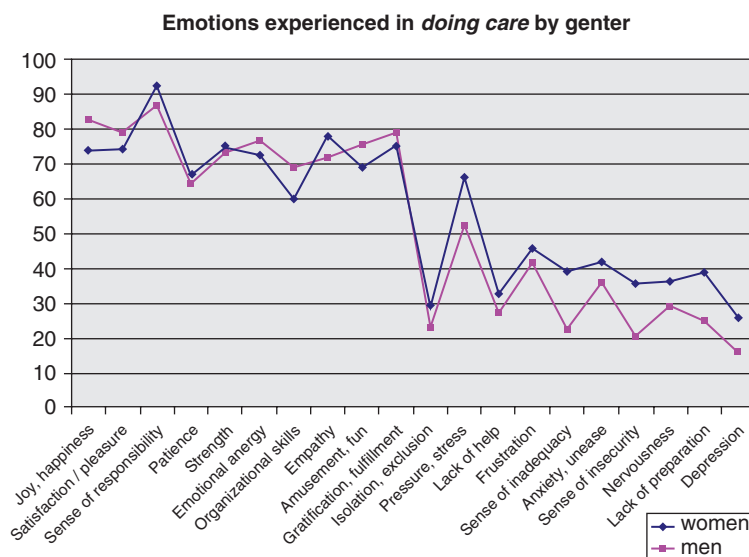


Fig. 7.1 Emotions experienced in *doing care* by gender

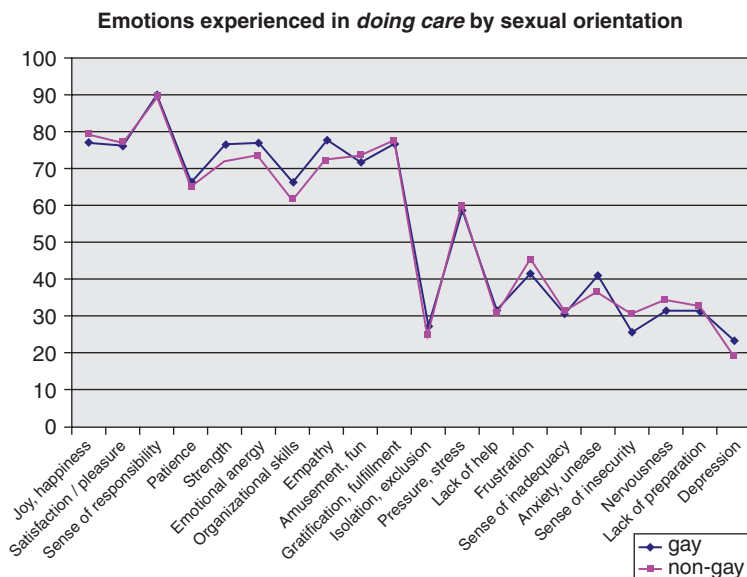


Fig. 7.2 Emotions experienced in *doing care* by sexual orientation

ciated to care responsibilities or, alternatively, in terms of their tendency to overestimate their emotional resources and abilities to manage them. Notwithstanding the unsurprising character of this finding, the difference between men's and women's score on the negative side of the emotional spectrum is still prominent in the following emotional states: *pressure/stress* (52 for men vs. 66 for women), *sense of inadequacy* (22.5 vs. 39.1), *sense of insecurity* (20.6 vs. 35.7) and *lack of preparation* (24.7 vs. 38.6).

According to the findings, male caregivers feel less pressure and stress, consider themselves less inadequate in their role of caregivers, feel less insecure, less unprepared and, in general, less affected than women by negative emotional states when they think about their care activities and responsibilities. The extent to which this is plausible for men in general requires further evidence; but this is the picture provided by the men of the sample. On the positive side of the emotional spectrum, men claim to experience higher levels of *joy/happiness* (82.6 for men vs. 73.7 for women), *organisational skills* (68.7 vs. 59.8) and *amusement/fun* (75.5 vs.

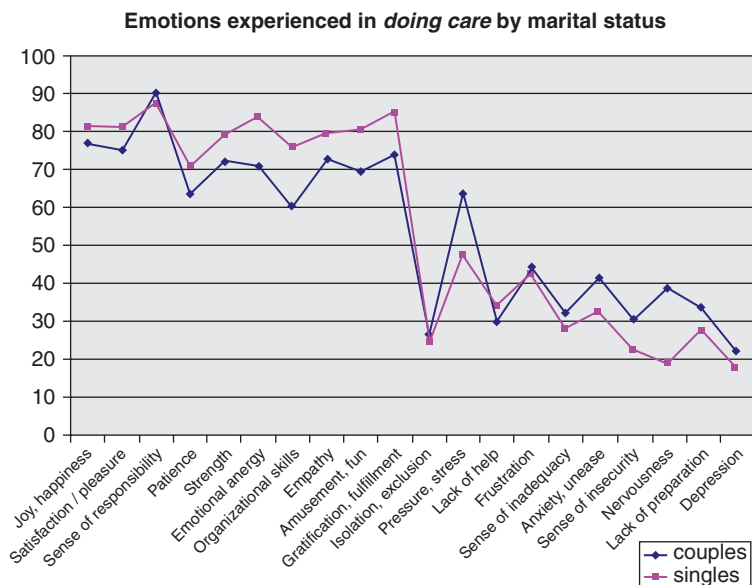


Fig. 7.3 Emotions experienced in *doing care* by marital status

69.1), on the one hand, but lower levels of *sense of responsibility* (86.6 for men vs. 92.3 for women) and *empathy* (71.8 vs. 78.1) on the other.

Slightly more surprising than the findings comparing the intensity of the emotional states of men and women are those comparing the average scores of gay/lesbian and heterosexual caregivers. Gay and lesbian caregivers tend to show unexpectedly high averages in the positive emotional states and low averages in the negative ones. As we can see in Fig. 7.2, gay and lesbian caregivers combined tend to show higher levels of *strength* (76.5 for gay/lesbian caregivers vs. 72 for heterosexual caregivers), *EE* (76.9 vs. 73.4), *sense of organisational skills* (66.5 vs. 61.5) and *empathy* (77.5 vs. 72.4).¹¹ However, on the side of the negative emotional states, the graph shows an overall higher *sense of isolation/exclusion* (27.3 for gay/lesbian caregivers vs. 24.2 for heterosexual caregivers), *anxiety/unease* (41 vs. 36.2), and *depression* (23.3 vs. 18.9), but also a lower level of *frustration* (41.4 vs. 45.6), *nervousness* (31.2 vs. 34.2) and *sense of insecurity* (25.5 vs. 30.4). Thus, at least on a mere descriptive level, gay and lesbian caregivers tend to report a more positive and intense emotional experience

than heterosexual caregivers, showing less significant differences on some of the positive emotional states. On the negative side, the higher levels of some of the negative emotional states (such as exclusion, anxiety/unease, and depression) reported by gay and lesbian caregivers, seems to be somehow counterbalanced by lower levels of frustration, nervousness and sense of insecurity compared to heterosexual caregivers.

The differences between partnered/married and single caregivers appear decisively more marked and somehow more striking (see Fig. 7.3). Overall, there is a substantial gap between the average scores of single and partnered caregivers, for both positive and negative emotional states. The most notable gaps among the positive emotional states concern the average levels of *EE* (83.7 for single caregivers vs. 70.9 for partnered ones), the perceived sense of *organisational skills* (75.8 vs. 60), with a difference of more than 15 points, the level of *amusement/fun* (80.5 vs. 69.5), and the level of *gratification/fulfilment* (85 vs. 73.8). On the side of the negative emotional states, single caregivers appear to feel far lower levels of *pressure and stress* than partnered caregivers (47.6 for singles vs. 63.7 for couples), showing a remarkable gap of more than 16 points, considerably lower levels of *anxiety/unease* (32.4 vs. 41.1), lower levels of *sense of insecurity* (22.4 vs. 30.4) and exceptionally lower levels of *nervousness* (18.7 vs. 38.6), with 20 points of discrepancy between the averages of single and partnered caregivers.

Part of this might be explained by the fact that singles represent only one fourth of the sample (21 out of the 80 subjects) and that the majority of them are male subjects (13 single men and 8 single women), which may add a bias in the results due to the—previously mentioned—supposed tendency of men to underestimate negative feelings and overestimate the positive ones. Yet, since we are talking of averages, gender biases or other possible intervening factors should be at least partially mitigated. Moreover, and once again, these figures should be read simply as snapshots of the temperature of feelings the caregivers I met experienced while *doing care* and their value is mainly heuristic. Nevertheless, they provide us with a reliable, visual and experiential sense of the emotional experience revolving around care as it emerges empirically from the caregivers' voices.

The last two sub-groups I thought it would be interesting to have a look at are the two groups of men and women disaggregated by sexual orientation. In other words, I compared heterosexual women with lesbian women and heterosexual men with gay men. Some of the findings illustrated below were quite unexpected, particularly on the side of male caregivers. Let us first have a look at the female comparison (Fig. 7.4).

As it concerns the positive emotional states, the most significant variations between heterosexual and lesbian women concern their *sense of responsibility* (90.3 for heterosexual women vs. 96.7 for lesbian women), *organisational skills* (64.2 vs. 54.7), *amusement/fun* (73.6 vs. 64.3) and *gratification/fulfilment* (78.3 vs. 72.5). Still on the side of positive emotions, lesbian caregivers tend to describe themselves as more patient (*patience* scores an average of 64.3 for heterosexual caregivers and 68.3 for lesbian caregivers) and more empathetic (75.9 vs. 79.3) than heterosexual caregivers. By looking at the side of negative emotional states, lesbian caregivers feel more pressured/stressed than their heterosexual

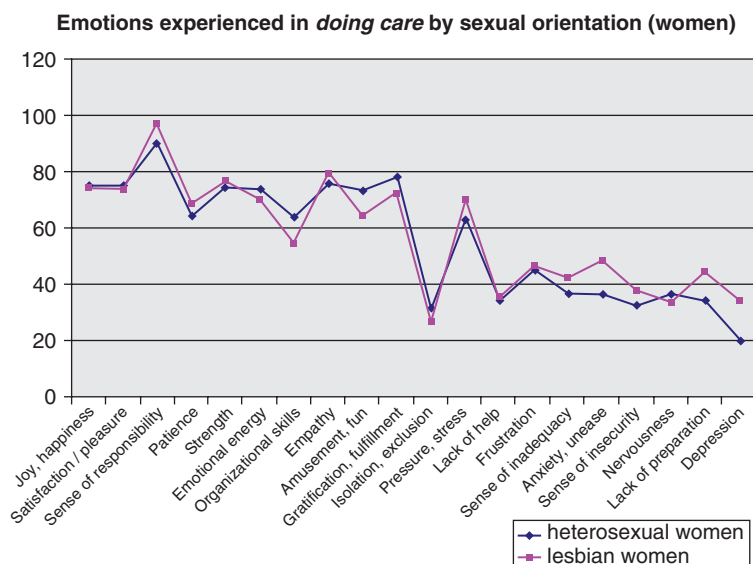


Fig. 7.4 Emotions experienced in *doing care* by sexual orientation (heterosexual women vs. lesbian women)

counterparts (the average level of *pressure/stress* is 69.7 for lesbian women and 63 for heterosexual women), more anxious (*anxiety/unease* is 48.1 for lesbians and 36.2 for heterosexual women), more depressed (*depression* is 34.1 for lesbians and 19.8 for heterosexual women) but, ultimately, more prepared for the care responsibilities (*lack of preparation* is 33.9 for lesbian women and 44.1 for heterosexual women).

Much more visible and quite surprising are the differences between gay and heterosexual men (Fig. 7.5). The difference, here, is particularly significant for positive emotional states where while, on the one hand, gay men seem to experience a lower level of *joy and happiness* (80 for gay men and 86.7 for heterosexual men), on the other hand, they report much higher levels of *strength* (75.9 for gay men vs. 69.7 for heterosexual men), *empathy* (76.2 vs. 67.3) and, markedly, *EE* (83.4 vs. 70), with a difference of more than 13 points between the two averages, and *organisational skills*

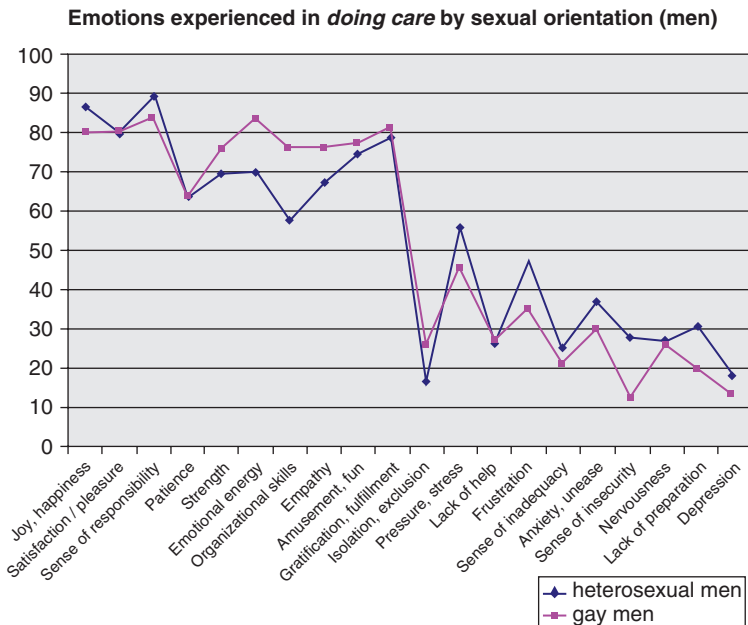


Fig. 7.5 Emotions experienced in *doing care* by sexual orientation (heterosexual men vs. gay men)

(76.3 vs. 57.7), with a difference of more than 18 points between the two averages.

When we look at the negative emotional states, one of the most conspicuous differences concerns the caregivers' sense of *isolation/exclusion*, which is much higher for gay men (25.6) than for heterosexual men (16.7). Gay male caregivers seem to experience a higher sense of isolation and exclusion than their heterosexual counterparts. Other noticeable differences concern the level of *pressure/stress* (45.6 for gay caregivers and 55.7 for heterosexual caregivers), which is much higher for the heterosexual men, the level of *frustration* (35 vs. 47.1), still much higher for heterosexual men, the *sense of insecurity*, which shows the largest gap (12.5 for gay men vs. 27.7 for heterosexual men), and *lack of preparation* (20 for gay men vs. 30.3 for heterosexual men).

Some of the main findings illustrated by the charts and discussed above are summarised below:

1. The difference in the intensity of the emotional states based on the caregivers' gender is larger than that based on their sexual orientation; men report less intense negative emotional states than women and more intense positive emotional states, although the distribution on the positive side of the emotional spectrum seems to be slightly more random and uneven for both men and women.
2. The largest difference between the reported emotional states of gay/lesbian and heterosexual caregivers concerns the positive emotional states. Compared to their heterosexual counterparts, gay and lesbian caregivers tend to report higher averages on the side of the positive emotional states and slightly lower averages on the side of the negative ones. All in all, however, the differences between the emotional states of gay/lesbian and heterosexual caregivers do not appear as relevant as those between men and women.
3. Marital status seems to be the most significant element in making a difference in the intensity of the caregivers' emotional states. Differently from what one might expect, though, single caregivers report much higher averages on the side of positive emotional states and much lower averages on the side of negative ones, compared to partnered/married caregivers.

4. The difference between the emotional states of gay/lesbian and heterosexual caregivers becomes more marked when men and women are compared separately. This is true especially for the group of male caregivers, where gay men report much higher levels in the intensity of positive emotional states and much lower levels in the intensity of the negative ones. On the other hand, lesbian women report instead higher levels of negative emotional states than heterosexual women and, on the side of positive emotional states, lower levels of amusement/fun and gratification/fulfilment.

Whilst these findings do not have the ambition to be representative of the entire population of caregivers, the first-hand, phenomenological richness they provide is invaluable. The in-depth, thick analysis of the qualitative data emerging from use of the thermometer of feelings allowed me to access—with a magnifying glass—the complex web of the emotional experience of care but also to grasp something which is much closer to what really constitutes it, understanding the extent to which it is affected by the caregivers' *external or intersubjective factors* (available resources, social networks, work context, job flexibility etc.) and *internal or subjective factors* (sense of inclusion/exclusion, status belonging, care perceived as a mostly draining or mostly empowering experience and supplies of EE). In the following and concluding section, I integrate the *felt experience of care* with these external and internal circumstances as they emerge from the interviews' accounts to create a provisional typology based on some of the most relevant dimensions illustrated thus far. The emergence of clear patterns within the different biographical trajectories seems to represent an additional confirmation that, at least on the level of a preliminary descriptive analysis, the foundations of such typology are soundly and solidly grounded.

Towards an Emotional Typology of Caregivers

The main goal of the typology is to shed light on the fundamental role of emotions in structuring our lives both at the micro- and macro-level of analysis. The two main dimensions I consider are: the *status condition* of

the caregivers as it emerges from their accounts—that is, the subjective sense of satisfaction or comfort connected with the caregivers' *statuses* and *individual reputations*¹²—and the *felt experience of care*—that is, the different outcomes in terms of EE depending on whether care is experienced as mostly EE-draining, mostly EE-empowering or something in between. These two dimensions interact with one another in multiple ways, producing outcomes which vary according to the different possible combinations: (1) whether the experience of care is perceived as successful (EE-empowering) or unsuccessful (EE-draining) and (2) whether the caregiver's status or individual reputation is perceived as satisfactory or unsatisfactory. For heuristic purposes, I will call *status comfort* (or status ease) the condition of a caregiver who is satisfied and/or feel at ease with his/her status or individual reputation and *status discomfort* (or status uneasiness) the condition of a caregiver who is not satisfied and/or does not feel at ease with his/her status or individual reputation.

The caregivers' satisfaction with their statuses or individual reputations is shaped primarily by social experiences: either via face-to-face interactions or through their internal conversations; but it also depends on inner, subjective factors and personality traits. Status comfort or discomfort can be related, for example, to people's role as caregivers, their occupational profile, their work and career position, their marital status and their sexual orientation. On the other hand, whether the care experience is perceived as mostly emotionally energising or mostly emotionally draining depends on a combination of several subjective and inter-subjective factors, such as emotional capital, symbolic capital, cultural capital, economic capital, social capital, type of job and quality of the work environment, quality and quantity of resources available, networks of care and so on. By intersecting these two main dimensions,¹³ we obtain a series of possible outcomes describing not only the either successful (EE-empowering) or unsuccessful (EE-draining) nature of the care experience and the either comfortable or uncomfortable nature of the caregivers' statuses, but also their current positioning in terms of their *social activity* and their ability to produce *social change*¹⁴ (Table 7.1).

The aim of this preliminary, broad categorisation was to organise the vast amount of information collected from the caregivers in a relatively simple, visual rendering which could avoid the lack of clarity typical of

Table 7.1 Possible social outcomes according to the quality of caregivers' status and care experience

	Status comfort/ease	Status discomfort
Care as mostly EE enhancing	Social activity and social change	← Social fluidity ⁽⁺⁾ (with a tendency towards social activity and the production of social change)
Balance between EE empowering and EE draining care experiences	Social stability ⁽⁺⁾ ↑ (with a tendency towards social activity and the production of social change)	Social stability ⁽⁻⁾ ↓ (with a tendency towards immobility and social stagnation)
Care as mostly EE draining	Social fluidity ⁽⁻⁾ → (with a tendency towards immobility and social stagnation)	Social stagnation (no social activity)

Description: Social activity and social change = caregivers are socially active and interactive and possess a stronger potential, through their interactions, to produce social change.

Positive Social fluidity⁽⁺⁾ = caregivers are in a changeable and fluid position, but with a strong potential to move towards a situation of social activity and social change.

Positive Social stability⁽⁺⁾ = caregivers are in a relatively balanced and stable position, with a strong potential to move towards a situation of social activity and social change.

Negative Social stability⁽⁻⁾ = caregivers are in a relatively balanced and stable position, but with a strong potential to move towards a situation of social stagnation.

Negative Social fluidity⁽⁻⁾ = caregivers are in a changeable and fluid position, but with a strong potential to move towards a situation of social stagnation.

Social stagnation = caregivers are in a standby position, with no much potential to move towards a situation of social activity and social change.

complex taxonomies touching on too many dimensions simultaneously. The different combinations illustrated in Table 7.1 represent a sort of ideal-typical continuum that goes from the highest peaks of EE and status comfort—associated with *social activity* and *social change*—to the lowest levels of EE and status comfort—associated with *social stagnation*. Let us now have a closer look at how it should be read and interpreted.

Social Activity and Social Change. The combination of a type of care experience lived as mostly emotionally empowering with a high level of

satisfaction with one's several social statuses and individual reputations produces a situation in which people not only are more inclined to social action and interaction, but also more proactively engaged, either directly or indirectly, with the realisation of social change. Both the self-empowering effect of EE deriving from a positive care experience and the subjective well-being connected to people's status comfort maximise the individual's internal drive to become a potential agent of social change. Social change connected to care activities, as we will see more clearly in the next chapter, can be realised in several indirect ways and does not necessarily require explicit forms of social activism or political mobilisation in order to be effective.

Positive Social Fluidity. When a mostly successful, positive and EE charging care experience is combined with an only partial comfort with one's social statuses and individual reputations, caregivers are in a more changeable and unpredictable situation, but with a predisposition to move up in the category of social activity and social change. Examples are those caregivers dissatisfied with their occupational situation or with their career, or who still do not feel totally comfortable with their sexual orientation or with their family arrangements, but who describe themselves as strongly emotionally empowered by their care experience.

Positive Stability. The caregivers who are at ease with their several social statuses and describe a relatively good balance between EE-empowering and EE-draining aspects of care, have a potential to move up in the category of social activity and social change; but, at present, they are in a quite stable position. "Stable" does not mean "not changeable", and the potential direction of change is, in their case, most likely upward.

Negative Social Stability. When the balance between EE-empowering and EE-draining care experiences is combined with an overall sense of discomfort with one's several social statuses or individual reputations, the caregivers experience a relatively stable (but changeable) position, with a stronger likelihood to move towards social stagnation.

Negative Social Fluidity. The combined presence of a care experience that is mostly perceived as EE-draining and an overall sense of comfort with their social statuses and individual reputations, creates for the caregivers a more changeable and unpredictable situation, with a tendency to move towards social stagnation.

Social Stagnation. At the lowest extreme of the ideal-typical continuum, which is characterised by a primarily draining care experience and an overall dissatisfaction or discomfort with social statuses and individual reputations, the caregivers experience a situation characterised by social stagnation. In this case, the potentialities to move up in the category of social activity and social change—although present—are very low.

The direction of the arrows shown in the table indicates what is “most likely” to occur in the long run rather than what will necessarily happen for every individual. If the conditions of the care experience change (e.g. if the care experience becomes mostly EE-draining), or the status comfort turns into status discomfort, then a situation of “positive social stability” can be transformed into a situation of “negative social fluidity” or even in a condition of “social stagnation”. The conditions under which care is *experienced* and *felt* can be affected by a whole range of external factors: changes in the financial situation or in the amount of social resources available, a new job, a new partner, alterations of the available network of caregivers and so on. On the other hand, the internal factors affecting the experience of care have to do with people’s comfort or discomfort with their several social statuses and individual reputations. Working on status comfort and discomfort requires different kinds of adjustments, depending on the nature of the status involved. For example, transforming a work-related status discomfort into a status comfort might be easier—by changing the job—than transforming a status discomfort related to sexual orientation and its perceived unfitness with parenthood; and, in general, working on the status uneasiness which might be connected to the sense of “full entitlement” to parental roles can be easier for a married, heterosexual parent than for a single parent or for a gay and lesbian parent and so on and so forth.

By grounding empirically this preliminary classification in the vast amount of additional information collected from the caregivers, I built the following emotional typology of caregivers, shown in Table 7.2 further below:

Type 1: *Happy with care and comfortable with social statuses and individual reputations.* This type of caregiver is fully emotionally energised by the care experience and fully comfortable with social statuses and/or individual reputations (as successful caregivers, workers etc.). For gay and

Table 7.2 Emotional typology of caregivers

Types:	1) Happy with care and comfortable with social statuses and individual reputations 😊😊	2) Happy with care and only partially comfortable with social statuses and individual reputations 😊😊	3) Partially happy with care and fully comfortable with social statuses and individual reputations 😊😊	4) Partially happy with care and partially comfortable with social statuses and individual reputations 😊😊	5) Unhappy with care and fully comfortable with social statuses and individual reputations 😊😊	6) Unhappy with care and mainly uncomfortable with social statuses and individual reputations 😊😊
Possible outcomes:						
Social activity	++	++	++	++	++	++
Cases:						
7 gay men	4 gay men	3 gay men	6 gay men	3 non-gay women	2 lesbian women	2 gay men
3 non-gay men	2 non-gay men	9 non-gay men	4 non-gay men	3 lesbian women	2 lesbian women	2 gay men
4 lesbian women	3 lesbian women	4 lesbian women	4 lesbian women	7 non-gay women	3 non-gay women	2 lesbian women
1 non-gay woman	2 non-gay women	7 non-gay women	7 non-gay women	7 non-gay women	3 non-gay women	2 lesbian women

lesbian caregivers, belonging to this category implies being fully comfortable with their sexual orientation and their status of parents. For this type of caregiver, the dimension of *agency* tends to be stronger than *social structures* and, as a consequence, the possibilities to stimulate social change are decisively more marked.

Type 2: *Happy with care and only partially comfortable with social statuses and individual reputations.* This type of caregiver is fully emotionally energised by the care experience and only partially comfortable with social statuses and personal reputations. The present situation of this type of caregivers is relatively stable in terms of social activity and potential for social change, but with good premises for further evolution.

Type 3: *Partially happy with care and fully comfortable with social statuses and individual reputations.* This type of caregiver is totally comfortable with social statuses and individual reputations and only partially energised by the care experience. The present situation of this type of caregiver is relatively fluid and unpredictable, but with good chances to move towards a position facilitating social activity and social change.

Type 4: *Partially happy with care and partially comfortable with social statuses and individual reputations.* This type of caregiver is partially energised by the care experience and feels partially comfortable with social statuses and personal reputations. The present situation is one of negative social stability, and the likelihood of moving towards “social stagnation” is higher than that of moving up, either towards “positive social fluidity” or “positive social stability”.

Type 5: *Unhappy with care and fully comfortable with social statuses and individual reputations.* This type of caregiver is mostly EE-drained by the care experience but fully comfortable with social statuses and individual reputations. The present situation is one of “negative social fluidity”, and the probability of moving towards “social stagnation” is higher than that of moving towards “positive social stability”.

Type 6: *Unhappy with care and mainly uncomfortable with social statuses and individual reputations.* This type of caregiver is mostly EE-drained by the care experience and does not feel totally comfortable with social statuses and individual reputations. From the point of view of social activity and mobility, this caregiver is relatively trapped in a standby condition

where the chances to move upward towards more “comfortable” and “energising” situations are relatively low.

The categories of caregivers are not always clear-cut and, as it happens with all typologies, there may be some overlapping areas between the six types. Besides, these categories portray only a snapshot of the situation that I was able to reconstruct through a substantial amount of information¹⁵ referring to the period of the interview and, as such, subject to change. Nonetheless, there are at least four types of considerations that we can do by looking at the above distribution of caregivers. To start with, the fact that only single, gay/lesbian caregivers are located in the type (6) of the typology (*Unhappy with care and uncomfortable with social statuses and individual reputations*). This might seem to confirm a commonsensical idea that gay and lesbian caregivers (or single parents) might more easily experience a sense of status uneasiness or discomfort. It must be said, however, that all the caregivers included in this category are examples of caregivers who also dealing with particularly difficult and draining experiences of elderly care. In other words, their being at the same time “less happy with care” and “less comfortable with their statuses” might be related more to the type of care experience than to their sexual orientation or marital status. Whichever the case, there are not heterosexual or married caregivers in this category. The second consideration concerns the fact that a good half of the caregivers who are comfortable with their statuses (status comfort) are gay/lesbian caregivers (21 out of 42), and that 7 gay men and 4 lesbian women belong to the type (1) category, that is, to the category of caregivers who are both happy with their care experiences and comfortable with their social statuses and individual reputations. The third observation is that several heterosexual caregivers (both men and women) belong to the category of status discomfort, although the most common form of status discomfort they declare is work-related or career-related, and, as such, more easily manageable than a status discomfort related to sexual orientation. The last observation concerns the different distribution of male heterosexual caregivers in the category of status discomfort compared to gay/lesbian caregivers and heterosexual women. More specifically, while only one third of all male heterosexual caregivers of the sample describe some form of status discomfort, all the other types of caregivers—heterosexual women,

Table 7.3 Distribution of caregivers by quality of care experience and status

	Status comfort	Status discomfort
Care as mostly EE enhancing	Social activity and social change 7 gay men 3 non-gay men 4 gay women 1 non-gay woman	Social volatility ⁽⁺⁾ ← (potential social activity and social change) 4 gay men 2 non-gay man 3 gay women 2 non-gay women
Balance between EE empowering and draining	Social stability ⁽⁺⁾ ↑ (potential social activity and social change) 3 gay men 9 non-gay men 4 gay woman 7 non-gay women	Social stability ⁽⁻⁾ ↓ (potential social stagnation) 6 gay men 4 non-gay men 4 gay women 7 non-gay women
Care as mostly EE draining	Social volatility ⁽⁻⁾ → (tendency towards immobility or downward mobility) 3 non-gay women 3 gay women	Social stagnation (no social mobility or downward mobility) 2 gay women 2 gay men
Distribution of caregivers by quality of <i>status</i>	Status comfort 12 heterosexual men 11 heterosexual women 10 gay men 11 gay women	Status discomfort 6 heterosexual men 9 heterosexual women 12 gay men 9 gay women

gay men and lesbian women—are more evenly distributed on both sides in terms of status comfort/discomfort (see the distribution of the caregivers by status at the bottom of Table 7.3 below, which reports the distribution of the caregivers by quality of care experience and status).

This latter observation resonates with some of the data shown in the charts of the thermometer of feelings, showing that the gap between the emotional states of male and female caregivers is larger than the gap between the emotional states of gay/lesbian and heterosexual caregivers. The largest differences between the emotional states of gay/lesbian and heterosexual caregivers concern the positive emotional states most likely because heterosexual men tend to experience (or to admit) lower levels of

status discomfort than all other types of caregivers. Despite that, gay men describe, on average, lower levels of negative emotional states than heterosexual men.

It is time to reiterate once again that this research is *not* a comparison between different types of caregivers but rather a broader and more inclusive phenomenological approach in which the consideration of different caregivers (single, partnered, gay/lesbian, heterosexual) is aimed to fill a gap in the current literature on care. In this sense, it is clear that all the nonconventional families and caregivers I met (atypical single parents, different types of same-sex parents, stay-at-home dads, single adoptive parents etc.)—which are commonly relegated to specific studies rather than being included in comprehensive phenomenologies of care—all contribute to the ongoing process of social change. On a daily basis and through their visibility, they represent the living evidence that our notions of family are socially constructed and that, as such, can be changed. They transform new ways to make a family into ordinary practices. They challenge gender stereotypes and force us to rethink our notions of *care entitlements* (who has the right to care whom and how) and parenthood. They are actively engaged in the production of social change in ways and forms that become particularly successful and effective to the extent that they are grounded in daily care practices and offered to people's examination in small doses, gently and in nonthreatening ways. It took a very long time to mitigate the social stigma surrounding single mothers in Western societies, a stigma which still exists, although not with the same negative implications it had 50 years ago, and which was partly mitigated by the fact that, over time, single mothers became numerically more relevant and more socially visible. Same-sex parenthood is a relatively recent phenomenon, and yet, the process of social recognition seems to have known a decisive acceleration in the last 10–15 years, with significant sociological and political implications in terms of social inclusion, social change and citizenship. This is why the next chapter illustrates some of the main characteristics of this emergent phenomenon, which is paradigmatic of an unprecedented social change and also particularly relevant to explain and visualise the links between *doing care* and *doing citizenship*.

Notes

1. In my sample, the majority of the caregivers I met describe both child-care and elderly care as a clear choice.
2. One of the questions of the semi-structured interview concerned what I call the “existential ladder”. I showed the interviewees the drawing of a staircase and I asked them to locate themselves on one or more steps according to their perceived sense of personal and intellectual maturity, satisfaction, self-realisation, gratification, status, career, success, contribution to society and so on. Each step of the ladder defines therefore a different stage of the overall personal development. I then asked the interviewees to identify and describe the step defining their present situation, their situation 10 years before and their future situation.
3. As we saw earlier in this chapter and also in Chap. 5 (see the story of Pamela).
4. On the problematic and interdisciplinary nature of the concept of “gift”, see also a recent collection of essays edited by Schrift (2014).
5. See Chap. 4.
6. That is, of what can be seen, touched, felt, experienced or described of this universal phenomenon.
7. Although care responsibilities seem to be confined, in this quotation, to the private sphere of families, rather than being more broadly and critically thematised as a public and political responsibility.
8. On this important distinction, see also the seminal article by Simon and Gagnon (1967).
9. See also Cantor et al. (2004).
10. A detailed description of the methods and the research instruments I used in my research is provided in the Appendix. However, very shortly, the *thermometer of feelings* is a research tool based on a large drawing of a thermometer where respondents are asked to locate their feelings on a scale ranging from zero to one hundred using several tags corresponding to the different emotional states. Whilst I created this specific research tool, the validity and reliability of other “standard measure of affect” have been shown by several studies (see also Alwin 1997; Brandstätter 2001; Marradi 1998, 2007; Tusini 1998). These studies have shown that standard measurements of emotions convey more reliable and more valid than 5- or 7-category rating scales. Quite obviously, the data I collected through this scale are only relevant for the sample; nonetheless,

the thermometer of feelings was extremely useful from a heuristic and phenomenological point of view, especially if we consider the tremendously rich and detailed additional information I could collect while the interviewees located the different tags on the thermometer and commented their choices.

11. *Strength* must be intended as both emotional and physical strength. *Emotional energy* was defined, on the tag, as enthusiasm, self-confidence and initiative.
12. The degree to which people are either comfortable or uncomfortable with their various *statuses* as caregiver, worker, partner, parent and so on and the *individual reputations* they build around these statuses (see also Chap. 5).
13. The characteristics of the *care experience* and the characteristics of the *caregiver's status*.
14. Social activity is to be interpreted as the inclination of social actors to be engaged in a whole series of actions and interactions. Collins describes EE as a long-lasting emotion that builds up across situations and makes individuals initiate or fail to instigate interactions, "a feeling of confidence and enthusiasm for social interaction" (Collins 2004: 108). The combination of internal/subjective and external/intersubjective factors gives rise to a whole set of possible outcomes above described and creates the conditions under which social actors, through their actions and interactions, can become the initiators of social change.
15. The typology is not only based on the large amount of information collected during the interview or with the diaries but also on the information I sometimes managed to collect beyond the context of the interview. Quite often, for instance, the interview took place at the respondents' house, sometimes accompanied by a dinner, a coffee or longer conversations, allowing me to get a thorough, phenomenological understanding of the caregivers' lived and felt experience of care.

8

Emotional Stratification, Social Inclusion and Citizenship

The great revolution in our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.

William James

Our life is what our thoughts make it.

Marcus Aurelius

The multiple and at times conflicting narratives of the carers I met and the fact that Collins' Interaction Ritual theory (2004) seems to require additional empirical applications to be further verified make the argument for a new conceptual framework to study care and its connection with inequality, social inclusion and citizenship even stronger. In the previous chapters, we have seen the mechanisms through which the emotional dynamics revolving around care—and parental care in particular—produce different outcomes in terms of inclusion or exclusion which can be visualised at the level of micro-interactions. The dynamics of status inclusion/exclusion and the ongoing construction of individual reputations people experience while caring for others generate a sort of emotional stratification based on

the extent to which people feel more or less “successful” and more or less “entitled” as parents. This chapter further clarifies the mechanisms through which such dynamics are connected to social inclusion and social change and provides additional empirical evidence to support them, confirming the necessity of new theoretical approaches to understand social inequality and social change.

Drawing on Archer’s idea of *human reflexivity* (2003, 2007), my argument is that repeatedly internalised images of Self perceived as either successful and fully entitled or unsuccessful and not fully entitled parent create the conditions for an emotional stratification ranging from very high levels of emotional energy (EE), feelings of status inclusion, confidence and initiative for action and interaction, to almost inexistent levels of EE, feelings of status exclusion, frustration and withdrawal from action and interaction. Different emotional states stratify over time within the parents’ self-identity during their constant internal conversations with themselves and a whole range of generalised others. Significant episodes of parental care memories repeatedly experienced as positive within the parents’ internal conversations end up solidifying feelings of self-confidence, empowerment and initiative for (inter)action. These latter simultaneously result from and create the basis for new successful interactions and, over time, affect people’s perceptions of their positions and/or statuses in society. The opposite occurs with significant episodes of parental care memories that are repeatedly perceived as negative, emotionally draining or socially marginalising. These latter, over time, can induce lack of confidence, lack of self-esteem, depression, apathy and avoidance of further interactions. However, as we will further illustrate later on in this book, under certain circumstances, exclusion, marginalisation and inequality represent the preliminary conditions for social change.

People who hold positive images about themselves and others and rely on multiple sources of motivation tend to have more chances to develop those transferable skills and means which are necessary to achieve their goals.¹ For our concerns, how accurate the parents’ perception of what others think of them is does not really matter, nor whether the status inclusion/exclusion perceived by the parents is real or just imaginary; and we do not need to invoke Thomas’ theorem to show that.² What does truly matter here is people’s perceived sense of themselves as totally

entitled and successful parents, since it is their *felt* and *lived* experience of parental care as such that makes them either fully entitled/successful or not fully entitled/unsuccessful parents. There are, of course, many other external, structural factors affecting people's positioning in society, their sense of entitlement and their sense of inclusion: different starting points; material resources; cultural, social and symbolic capital; life chances; specific institutional, political and economic configurations; different forms of discriminations; and so on all play a significant role. However, the crucial point explaining the link between internal conversations and social positioning and mobility is that all these external and structural factors become *causally effective* only and exclusively *through the subject's reflexivity*.

The causal connection between internal conversations and social positions/statuses is not straightforward and direct. In Archer's own words: "the argument 'for reflexivity' in no way denies the importance of structural and cultural factors; it only insists that they are reliant upon 'active agents' for their *activation* and consequent *efficacy*. Since activation and non-activation are themselves reflexively determined and because reflexive powers vary between people, no form of constant conjecture can be expected" (Archer 2007: 89). Thus, the reflexive mediation is the *conditio sine qua non* for the realisation of people's objectives and goals, or else of the realisation of their personal ambitions.

When these private, psychological and emotional processes simultaneously affect larger and larger segments of the population, as is happening with same-sex parents in Western societies, they can generate social change. Same-sex parents produce social change by gaining social visibility, enriching the possible definitions of family and parenthood, challenging stereotypical gender roles and hegemonic sexualities and living in and interacting with heterosexual cultures (in the negotiation with schools, teachers, other parents, local communities and so on). We will analyse with details the characteristics of such change in the final chapter of this book. What needs to be done, now, is clarifying the actual (rather than assumed) ways in which care-related inequality is concretely enacted by the different social actors at the micro-level of interaction. Quite surprisingly, in fact, for the majority of the same-sex parents I met and interviewed, parenthood seems to produce unexpected outcomes in terms of

status inclusion, therefore in terms of increase in their emotional capital. Indeed, as one of the interviewees eloquently highlighted, parenthood becomes for many “*an easy way to connect with people*” and seems to open the doors to a sort of universal language of care connected to child rearing, facilitating dialogues between gay/lesbian and heterosexual people which would probably not occur otherwise.

Care-Related Inequality Reframed

My findings show that it is not the care activity in itself but rather the way people *interpret*, *experience* and *feel* it that strongly affects inequality in terms of status exclusion and unequal distribution of EE. Far more than what one might expect, they also seem to indicate that the stratifying effects produced by parental care, rather than resting on a clear-cut inequality between men and women or same-sex and heterosexual parents, are redefined in terms of more or less entitled, visible, acknowledged and valued caregivers, and therefore in terms of more or less *emotionally empowering* or *emotionally draining* care interactions. In other words, neither gender nor sexual orientation can be considered, by themselves, sufficient to establish the different outcomes in terms of care-related inequality. There can be multiple combinations of several factors, and being gay or straight, male or female does not imply being automatically channelled toward a predefined outcome, nor necessarily starting with unequivocally defined *symbolic ingredients*.³ The inputs and outcomes of the internal dialogues related to the care activity are not clearly defined by *gender* or *sexual orientation* alone; they intersect other systems of difference and inequality, such as race/ethnicity, social class, age, able-bodiedness and religion, just to mention a few. In other words, intersectionality (i.e. the interaction of multiple identities and experiences of exclusion and subordination) is unquestionably an issue at stake; an issue which I have intentionally not included in this study.⁴

Inequality and exclusion do not seem merely connected to hegemonic identities and statuses, but rather to their perceived “fitness” with the dominant or conventional values of our societies: in other words, to the multiple, complex ways in which these identities and statuses may or may

not fit together. Thus, for example, if for heterosexual parents may be difficult to reconcile their several statuses as parents, workers, sons/daughters, friends, partners, lovers and so forth, for same-sex parents certain statuses simply do not fit with each other according to mainstream societal views. For many, the status of mother seems at odds with the status of a lesbian woman; and the status of father (or husband) fits even less with the status of a gay man. Gay men, in particular, come across an additional challenge which has to do with the need to “justify” their parental choice: Do I do it for selfish purposes, narcissism, necessity to fill a gap in my life, willingness to look for alternative forms of gratification, mere altruism, because I always wanted that and so on? And whilst the same challenge applies to lesbian women, the widespread *feminine mystique*⁵ culture typical of Western societies seems to make it more suitable and acceptable for a woman than for a man—regardless of their sexual orientation—to opt for the parental choice.

The question here is not as much connected to the *real reasons* of the parental choice but rather to the fact that, in ways and with a stronger intensity than that experienced by any other parent, in the case of same-sex parents such a choice must be carefully addressed and somehow justified in front of a whole series of generalised others—adoption agencies, friends, families of origin, other parents, colleagues, relatives and so on—who are constantly present both in real life and in the processes that make up of thinking, that is, in our internal conversations. Nobody seems to be overly concerned about the potentially selfish, narcissistic or instrumental motivations sitting behind a heterosexual parental choice in the same way many people are when it comes to question the potential motivations lying behind a parental choice for same-sex parents. In the case of adoption, for example, infertility or other health conditions not only provide heterosexual couples with a clear justification for their choice but they also tend to evoke feelings of sympathy, empathy and appreciation for the brave parental choice. Unquestionably, similar empathetic and sympathetic feelings are not aroused when the adoption involves same-sex prospective parents, especially when these latter are men. In the case of single adoptive parents, then—be they gay/lesbian or heterosexual—the status of (fully entitled and successful) parent is often invisible and silenced altogether; or it can be even denied. Such is the case of Christian, the

heterosexual single father we already met in the previous chapters, who had to go through an ordeal of bureaucratic rules and regulations and a substantial amount of blatant discrimination and stigmatisation before he could finally adopt his 20-month-old child:

- R: So I researched a lot of agencies and a lot of countries and then I had to find out which countries adopt or allow adoptions for different types of individuals. I would say, you know, for young married couples there's probably, who knows, maybe 20 or more countries they can choose from. Or maybe they can adopt, it might be easier even to adopt in the US. But if you're a single woman there's a smaller percentage of countries, and if you're a single man there's even a smaller percentage of countries. So I was...
- I: Oh, really? A single man is definitely at the lowest level of the rankings?...
- R: The lowest, yeah.

What does this mean in terms of feeling *fully entitled* as parents or prospective parents? Does it require a different kind of effort for single parents or same-sex parents to deal with the issue of belonging to the *intangible community of fully entitled and successful parents*? And are they doomed to fail in their effort to create and recreate reputable and suitable individual reputations as fully entitled and successful parents? Yes and no. Yes, it does indeed require a different effort for these unconventional parents to get to parenthood and to be acknowledged as fully entitled and legitimate parents; and yet, such different effort does not necessarily and automatically locate single or same-sex parents into a subordinate position in terms of individual reputation, or at least not with the same intensity one might suppose. Once again, the interactional outcomes in terms of EE and inclusion/exclusion are never determined by gender, marital status or sexual orientation mechanically and inevitably; but the different inputs, or the initial symbolic ingredients of the interaction, are. Thus, whilst for both heterosexual and same-sex parents (or single and coupled parents) reconciling their multiple roles and statuses can be difficult, for same-sex parents the problem of *status fitness* (i.e. the coherence between their different socially accepted statuses) adds an extra layer of difficulty

to their challenges; their status as parents, in fact, is still viewed by many, almost by definition, as imperfect. Whether this negative prejudice necessarily creates dynamics of social exclusion and emotionally draining care experiences or, conversely, facilitates alternative, unusual, less visible forms of inclusion, entitlement and social change is something that depends on multiple factors and that will be gradually clarified throughout this book.

A more complex space of status negotiation emerges for unconventional parents, more clearly fragmented in its multiple individual and social dimensions. Same-sex parents (and single parents) are still associated with stigmatised categorical identities, and the *goodness* of their parental care practices is assessed by using different criteria and starting from different vantage points: in the best case scenario, a parent can be considered good, legitimate and successful *despite* his/her sexual orientation or relationship status, but never *regardless* of it. Quite obviously, this creates different starting points and different symbolic ingredients in terms of distribution of status, emotional capital and entitlement to rights, or else citizenship. Citizenship is a controversial concept that can be understood in a variety of different ways. The entitlement to what I have called elsewhere the *right to care* (Pratesi 2011), that is, the right to be and to feel fully entitled as a parent/carer, is one of those.

The *Right to Care*

We often talk about the right to receive care and the duty to provide care. We rarely consider, however, the right to provide care, or, to put it plainly, the *right to care* for and about our children, partners, friends and other loved ones—a right which should be socially acknowledged, valued and supported since care is not a free resource. During the last two decades, there has been a renewed interest in care both as a scholarly topic and as a practical and political issue in need of further, innovative policy development. This renewed interest is also facilitating a better understanding of the connections between the worlds of money and care, due to the increasing commodification and marketisation of care and to the increased need of care combined with the scarcity of resources to cover it (Folbre

and Nelson 2000; Ungerson 1997; Zelizer 2005). The care deficit is drawing more attention to the strategic importance of care, within an international context in which even the most radical supporters of laissez-fair strategies are now realising that the current ways of conceiving of care must be reviewed not only for ethical reasons but also for economic ones, and if we want to avoid a political and social catastrophe.

The *right to care* has given life to an authentic care movement,⁶ which seems to cut across social categories and academic disciplines. The number of international organisations of researchers, policymakers and advocates involved in various domains of care work and the number of online websites of associations providing volunteer service for friends, family, colleagues and neighbours to assist loved ones in need have been literally booming across the globe in the last 20 years⁷; and also the increased frequency of health and social care-related issues discussed in the media is remarkable. However, this more recent attention to care involves different arenas in different degrees and with different implications for the different social actors involved. On the one hand, there is the conventional arena where scholars from different disciplines and different backgrounds discuss care and the care deficit in relation to issues like gender inequality, the ageing population, the difficult or unfair balance between work and family for men and women and so on; and, on the other hand, the parallel and not-so-thematised arena of same-sex parents for whom additional issues are at stake, such as their legitimate aspiration to be acknowledged, legitimised and valued as fully entitled parents not *in spite of* their sexual orientation but *regardless of* it, as equally entitled citizens of societies where the privileges associated with hegemonic identities or statuses are progressively eradicated.

Thus, for all those parents who still have not reached enough social visibility, entitlement and acknowledgement the *right to care* might indeed go side by side with some of the care movements mentioned above, but it might also embody a new frontier for civil rights which is not necessarily aligned with the agenda and the interests of other parents or carers. There cannot be a universal manifesto for all different types of carers; this would neither be achievable nor desirable. Yet, what can be hoped for is the eradication of a deceptive sense of competition between different types of parents/carers in a context where resources for care are

already limited and—most likely—will be more so in the future. Responsive and responsible social policies and programmes for families may only develop when we openly acknowledge and understand the contributions and challenges of *all* types of carers; even more, if we acknowledge and understand the real value (and added value) of care and the real, multiple facets and implications of care. As I anticipated in the second chapter of this book, care possesses several implications and less visible rationales, which diverge substantially from the evident rationales of tending to and looking after someone. I will now further clarify these less visible rationales and implications of care.

Care as Private and Public Process

While I was analysing my qualitative data in light of Collins' Interaction Ritual model, less visible rationales and more latent purposes of care, diverging from the manifest purposes of taking care of someone, clearly started to emerge. What might these latent and less visible purposes of care be? As this book clarifies from the outset, an explanation of care-related inequality that confines its causes mostly to gender and to the different distribution of tasks and responsibilities was not considered satisfactory. I thus decided to focus not merely on care in itself, with its unequal distribution of tasks and responsibilities, but rather on the ways people *experience*, *reflect on* and *feel* their care practices; in other words, on both the *external* and *internal processes* shaping the experience of care. The combination of these processes, I claim, is what determines the difference and consequently produces inequality among carers: an inequality based on the long-term effects of the emotional stratification, which stems from the ongoing process of self-reflexivity, rather than purely from the traditional and often reified categories of gender and sexual orientation. These latter are situated at a *second level* of the analysis, resulting from the less visible *first level* of the analysis represented by the internal processes of human thinking and feeling. I therefore postulated that (and showed evidence of how) care is not only about tending to someone but also about *status inclusion* and *EE production*, which, I maintain, are its latent purposes. Without necessarily being aware of that, all carers participate in

this indiscernible process of internalised stratification, which constitutes one of the most relevant factors among the many affecting their social positioning and statuses.

The role of care as an essential source of EE production is explicitly acknowledged by Kendrick, who candidly confesses that his decision to become a father responded—in his own words—to a fairly “selfish” fundamental desire. Caring for somebody and “being able to love somebody” makes him feel good, fulfilling one of the basic human emotional needs:

Yeah, I think in the broad sense that it's a very selfish thing, I mean I have children because it makes me feel good, you know, and so caring for him and being able to love somebody, help somebody grow and develop... I mean people always say, oh, that's such a noble thing you're doing, what a wonderful thing you're doing. No, it's all selfish, I did it for me, you know. I mean, the benefit is, I think he is a good kid and we have a great relationship, but I think he's—I think I'm raising him well, but let's be honest about it, I mean that was kind of a fundamental desire, I had this need and there he was.

We have seen in the previous chapter how Collins (2004) describes the EE in terms of the long-lasting emotion associated with feelings of self-confidence, enthusiasm and initiative for action which are produced by and simultaneously initiate successful interactions. Every successful interaction generates a sense of status membership or status inclusion which increases the supplies of EE and fosters a sort of loop or chain of EE production. Care activities and responsibilities generate forms of group membership or status enhancement and consequent outcomes in terms of EE that affect people's emotional stratification; this, in turn, affects people's ability to assume certain positions/statuses in society as well as their ability (or power) to manage the whole process. We have seen how reflexivity is the essential condition through which carers assess their care experiences in terms of either successful or unsuccessful interactions. Without denying the fundamental importance of structural, material and cultural factors in the reproduction of inequality, I have claimed that all these factors need the active mediation—that is, the capacity and the

willpower of individuals to act independently and to make their own choices—in order to be effective. Through their internal conversations (Wiley 1994; Archer 2003, 2007) individuals reflect upon and mould their social situation also in light of their care-related tasks and concerns. These inner dialogues govern the carers' responses to social forces, their actual and potential patterns of social stratification, and whether or not they contribute to the reproduction of the status quo or instead to social change.

The search for and the production of EE (Collins 2004), which occurs during the constant interactions and inner dialogues of *Self* with a whole set of generalised others, represents the missing link between individual and society; and the care experience represents a crucial site to observe the ongoing processes of reproduction of emotional stratification that is at the basis of social inequality. In what follows, I illustrate further examples of how these processes can be visualised through the parents' direct accounts. More specifically, I discuss the key role of same-sex parenthood in (1) clarifying how private/emotional processes of care intertwine with public processes involving status and power dimensions and (2) micro-translating the structural dynamics which are at the basis of social inequality and social change.

The Transformation of Sexual Identities

Same-sex parents represent a key subject to understand the multiple implications of care and its connections with social inclusion and citizenship because they cannot become parents by chance.⁸ On the contrary, their pathways towards parenthood are often difficult, emotionally challenging and complicated. Why should they accept to go through emotionally challenging pathways in order to attain their parental choice? What does explain the relatively recent phenomenon quite suitably described by several scholars in terms of a *gayby boom*? (Patterson 1994; Johnson and O'Connor 2002). Quite obviously, these rhetorical questions can also be reversed: Why *shouldn't* gay/lesbian people desire to become parents like many other heterosexual people? Why should the pathways to get to parenthood be so painful and complicated for same-sex

couples or gay/lesbian people? What did explain, in the past, the total invisibility of gay/lesbian parenthood? And so on and so forth.

It is evident that questioning the parental choice for gay and lesbian people implies not only reproducing an ideologically tainted discourse on same-sex parenthood, but also considering same-sex parents in terms of peculiar social actors who are not logically or naturally entitled to desire children like anybody else. The parental choice is a longing of the heart and, as such, is something transversal that goes beyond and cuts across all possible social labels. Similarly to anybody else, gay and lesbian people are *EE seekers*, but their starting point for such search is quite different because it is based on the constant necessity to deal with explicit homophobia, more or less subtle and blatant forms of discrimination and a still widespread social stigmatisation attached to sexual minorities.

The willingness to increase their supplies of EE and to be part of the global network of EE seekers/exchangers can be handled in several ways by sexual minorities, depending on the different phases of their lives, their choices, their resources and constraints, and the variably homophobic environments in which they live. Successful self-realisation based primarily on career or economic achievements can become for some a sought after goal; although this option can turn into a minefield, as several factors—including what some economists call *employer bias*,⁹ less linear or typical career paths and the necessity of sexual minorities to avoid workplace cultures in which conformity to traditional gender and family norms is enforced and valued—seem to produce in our societies a steady income gap between gay/lesbian and heterosexual employees. The search for EE through the channel of identity politics can too become less productive and more risky for gay/lesbian people. In fact, while the literature on social movements suggests that social activism and participation in protest can have short- and long-term effects for all types of activists,¹⁰ in the case of LGBT politics and activism the negative effects of disclosing one's sexual identity can also result in career bias and discrimination, and more or less explicit forms of repression, discouragement and retaliation exercised by dominant groups (Levine 1992; Taylor and Whittier 1992; Taylor and Raeburn 1995). Besides, LGBT identity politics can be extremely limited and limiting because of the way they have been

culturally constructed in Western societies. When sexual minorities began to organise themselves in the 1970s following the example of other civil rights movements, they transformed sexuality in a political interest-constituency, establishing the watermark of this “non-group” whose social status is by default fluctuating, fragmentary and ambiguous. As Michael Warner described it in the 1990s:

At present there is no comparable category of social analysis to describe the kind of group or non-group that queer people constitute. “Class” is conspicuously useless: feminism could at least have a debate whether women constituted a specific economic class; in queer theory the question is unintelligible. “Status,” the classical alternative in social theory, is somewhat better but does not account for the way the ascribed trait of a sexually-defined group is itself a mode of sociability; nor does it describe the terror and atomization by which its members become “members” before their presence in any co-defined group; nor the definitive pressure exerted by the assumption that this group, far from constituting one status among many, does not or should not exist. A lesbian and gay population, moreover, is defined by multiple boundaries that make the question who is and is not “one of them” not merely ambiguous but rather a perpetually and necessarily contested issue. Identity as lesbian or gay is ambiguously given and chosen, in some ways ascribed and in other ways the product of the performative act of coming out—itself a political strategy without precedent or parallel. In these ways sexuality defines—for most modern societies—a political interest-constituency unlike even those of gender and race. Queer people are a kind of social group fundamentally unlike others, a status group only insofar as they are not a class. (1991: 15)

Defining sexual minorities in terms of a (relatively homogenous) *status group* is not only theoretically erroneous but also politically problematic. There are as many ways of being LGBT as there are of being heterosexual, and homosexual people face as many challenges, choices and crises as heterosexual people; they also vary profoundly in the degree to which their sexualities become the organising principle of their lives. In their seminal article written with admirable lucidity at the end of the 1960s, Simon and Gagnon (1967) had already denounced the necessity to overcome reified and reifying definitions of sexuality by claiming that:

It is necessary to move away from an obsessive concern with the sexuality of an individual, and attempt to see homosexual in terms of the broader attachment that he must make to live in the world around him. Like the heterosexual, the homosexual must come to terms with the problems that are attendant by being a member of society: he must find a place to work, learn to live with or without his family, be involved or apathetic in political life, find a group of friends to talk and to live with, fill his leisure time usefully or frivolously, handle all of the common and uncommon problems of impulse control and personal gratification, and in some manner socialize his sexual interests. There is a seldom-noticed diversity to be found in the life cycle of the homosexual, both in terms of solving general human problems and in terms of the particular characteristics of the life cycle itself. (1967: 181)

The two scholars, then, highlight how some of the “behavioural manifestations” (symptoms) allegedly accompanying the ageing process of sexual minorities are wrongly and deceptively attributed to sexual orientation (rather than to external, social and structural factors) and “misread as global aspects of homosexuality”, as if there was something such as a “natural” inclination of all homosexuals to behave according to specific patterns:

Another life cycle crisis that the homosexual shares with the heterosexual in this youth-oriented society is the crisis of aging. While American society places an inordinate positive emphasis on youth, the homosexual community, by and large, places a still greater emphasis on this fleeting characteristic. In general, the homosexual has fewer resources with which to meet this crisis. For the heterosexual there are his children whose careers assure a sense of the future and a wife whose sexual availability cushions the shock of declining sexual attractiveness. [...] The management of aging by the homosexual is not well understood, but there are, at this point of his life, a series of behavioural manifestations (symptoms) attendant to this dramatic transition that are misread as global aspects of homosexuality. Here, [...] it is important to note that most homosexuals, even with fewer resources, manage to weather the period with relative success. (1967: 182)

If there is something typically and commonly shared by sexual minorities, this has to do with the distinctive paradox they have to face in terms of entitlements and identity politics: that is, the necessity to be acknowledged

(and to acknowledge themselves) as individuals claiming a specific sexual identity, on the one hand, and the necessity to be and feel part—as “normal” citizens—of a broader societal consortium without being mostly or exclusively defined by their sexuality. Similarly to what happen to their heterosexual counterparts, some gay men and lesbian women develop at some stage of their lives a desire for parenthood. The realisation of such desire, as I will further clarify in what follows, can allow sexual minorities to overcome the above described paradox and to achieve the successful coexistence of two seemingly irreconcilable needs: the necessity to define themselves *also* as sexual minorities and the necessity, on the other hand, to detach their multiple individual and collective identities and statuses from an exclusive focus on sexuality.

Parents Are Parents: Parenthood as Homogenising Process

Same-sex parenthood and a family-oriented pathway can become, for some, an appealing, reassuring and comforting option with unanticipated consequences in terms of status membership, EE production and even social change. The qualification “for some” should be stressed here, since, not differently from what happens to heterosexual people, there are many gay/lesbian people for whom parenthood is not an appealing option. Interestingly enough, same-sex parental choice involves, simultaneously, embracing the banner of non-conformity and becoming members of the conventional *club of parents*, with positive effects in terms of EE. Additionally, same-sex parenthood can also become a way to open up new channels of communication with the heterosexual counterparts. Parenthood, in fact, opens the doors to the universal language of child-bearing and childrearing and facilitates new forms of interaction and communication between gay/lesbian and heterosexual people which would probably not occur otherwise. This is clearly exemplified in the following excerpt, where Frida defines parenthood as a “globally/universally shared experience” and makes an interesting comparison between a *before*, when, as a childless woman, she was just considered a career woman, and an *after*, when, as a mother, she started feeling “part of the mainstream”:

Yeah, and, from a wider perspective, I've been amazed at the degree to which having children is like this globally shared experience. So, when I was a childless woman, that's a little bit strange in the world, childhood world, to be a childless woman. But people put you in that box, so she's the career woman. [...] So that's the downside. But the upside is the globally kind of universal experience of having children is really easy to talk about, it's like an easy way to connect with people. And it's really ubiquitous [...] when I didn't have kids I wasn't part of the conversation. But as soon as you start to have kids—on a bus, in a training program with an executive, it doesn't matter—you can relate to so many people, you know, from this shared experience, this universally shared experience of having kids. So that is interesting, I'm part of the mainstream (laugh).

This is indeed one of the most interesting findings emerging from my research: far from feeling excluded from the intangible community of (fully entitled and legitimate) parents, the same-sex parents I met and interviewed felt included in a new, more comprehensive status group mediated by parenthood. As a corollary to this, another significant pattern emerged from the interviews: the same-sex parents I met felt more disconnected, sometimes even excluded, from the social networks of gay/lesbian friends without children than from the social networks of heterosexual parents. In other words, it clearly emerged from the findings that *having or not having childcare responsibilities* is what mostly determines the difference in terms of group membership and status belonging. With parenthood, sexual orientation stops being the primary social marker (i.e. the master status) and the newly acquired social identity of “parent” seems to be stronger than and somehow overcome the social identity of “gay” or “lesbian”. For these parents, “being gay” or “being lesbian” is gradually shaped in terms of a new *social identity* overshadowing their *sexual identity* (Langdrige 2013; Pratesi 2012a; Warner 1999). The dynamics of status membership/inclusion seem to be particularly evident in the following excerpt, where Kendrick, a single adoptive father, clearly describes his parenthood as a sort of gateway allowing him to access to the “club of heterosexual parents” and—as he says—to be “accepted into a totally different society”. For Kendrick, becoming a parent means simultaneously belonging to a new *club*—the club of dads—and being excluded from another club—the club of his gay/lesbian friends with no children:

You have a different level of credibility with straight couples ... I coached my son's baseball team, I was a baseball coach, you know. And [...] I didn't come out and say I was gay or anything, I just did my job as a baseball coach. Most of the people in the urban setting are not stupid. I'm a white man with a black child, they're gonna figure out I'm probably gay. But I would have never had those relationships with those parents without a child. [...] Whereas these people, I would never have met, ever, except for sports or child activities. And it's like you belong to their little club and you talk about the same things and you talk about struggles at school and your kid and oh, it's like being accepted into a totally different society. [...] I love it because I'm very comfortable with straight people and a lot of the crowd that we've sort of been hanging with [...] it keeps me a little bit in touch and stimulated when I can sit down and have a real conversation with an adult. Because now my gay friends see me differently. They don't call, they don't write, they don't talk to me anymore.

These examples, which resonate with other recent research on same-sex parenthood (Clarke 2007, 2008; Nelson 2007; Patterson and Riskind 2010; Pratesi 2012a), provide evidence that the divide between the social categories of *parents* and *non-parents* seems by and large to overshadow the divide the social categories of *gay/lesbian* and *heterosexual*. The difference (and inequality) connected to care responsibilities is not purely related to people's gender, marital status or sexual orientation, but it is rather a difference between *being* and *not being a parent*. In other words, it is the difference between those who do have childcare responsibilities and those who don't that mostly determines the unequal distribution of status, emotional capital and entitlement; in other words, unequal forms of citizenship. Increasingly, as Forrest highlights in the next excerpt, the connection with "straight people with kids" accompanies the corresponding disconnection from single or gay/lesbian friends without children, who do not share and empathise with similar interests, motivations and concerns:

And we found out that it is straight people who are more helpful than gay people, straight people with kids. Because there are not that many gay people with kids [...] So your cohort is people who are like you with kids and job and family and shopping and laundry and the same issues. Straight, single, gay people don't have the same issues. They have more time but maybe they don't understand. And I don't come in contact, I don't go to a

bar [...] Maybe they sympathize but I don't go to a bar and I don't meet that many single gay people. So they don't know my family, my problems, my history. Mother and father down the block, they know my history because they have the same problems we're talking about, care, work, mother, their parents, their kids. So I have more in common now, in some areas, with straight, in the care area, with straight people than I would have with single, with gay people who don't have kids.

Thus, the dynamics of status exclusion are more likely to occur within the groups of friends with no children—be they heterosexual or homosexuals—for whom status membership seems to imply quite different rules and inclusion criteria. But they can partly assume specific connotations for sexual minorities because of the social and political implications related to LGBT identity politics we discussed earlier. Kurt, for example, underlines here the sense of exclusion and almost stigmatisation he experienced within “the actual gay community” because of his heterosexual past. The fact that Kurt was formerly married with a woman raised some issues with some of the gay/lesbian acquaintances and friends with whom he was in touch with at the time of the interview. Almost certainly this does not involve the majority of them—Kurt maintains in what follows—but there are gay and lesbian people and parents who tend to criticise other parents or even to discriminate against them depending on the modalities through which a person achieves the status of parent (i.e. via previous heterosexual marriage, surrogacy, fertilisation and adoption):

[...] I've run into bigger issues within the actual gay community because a lot of men and women have adopted children. And I think I, there's a certain stigma that's attached with being a gay man who's divorced with a child. [...] Because first of all there's a lot of gay men who feel like if you married, you sold out. If you weren't true to yourself, you know, why would you do something like that? And secondly, I mean even the first time I went to the gay dad's brunch and, I mean, any time I've been around that group, it feels like—and it's something that I'm not, it's not that I'm hypersensitive about this and I'm making this up—but there are men who feel like, because I'm not a fulltime dad like they are, it doesn't really, it's not the same, it doesn't count. [...] It's very strange, but it's sad. I mean, I honestly think it's sad because considering the fact that, you know, there's so much

discrimination against gays and then gay parents, why then would gay parents discriminate against each other depending on whether they were married or whether they adopted or did a surrogate or whatever. I mean it's very disconcerting.

This seems consistent with some of the common topics emerging from the online discussion forums of same-sex families to which I took part¹¹ as well as from a recent publication on the surrogacy debate (Danna 2015), where the author critically discusses the topic and raises several sociological, political, legal and ethical issues revolving around this specific form of procreation. The difficult and not always clear balance between different social statuses and identities, between different ways to be a parent while simultaneously belonging to a sexual minority group is also exemplified by Jason, who highlights here another interesting example of the dynamics of inclusion/exclusion which are produced within a "gay husbands discussion group"¹² he attended regularly when I met him. The discussion group involved gay men who were still in a heterosexual marriage. Depending on their age and whether or not they have children—he explained to me—the members of the discussion group tend to split into two main groups: those—usually older and with children—who decide to stay married and those—usually younger and often without children—who decide instead to divorce their wives. Interestingly enough, Jason, a mature man at the time of the interview, was quite critical toward those married gay men who, rather than opting to live in the closet, decide to interrupt their heterosexual marriage and pursue a same-sex relationship:

Well, many—what's interesting is I found that at the XXXX meetings we split up into, most of the time we split up into two groups. We start off together, we have some discussion, and then we split up into those who are married or staying married and those who are divorced, split up or getting divorced. And my group, those who are married, tend to be me and maybe one other guy about my age and very old men [laughter]. And the younger guys tend to be the ones who are, and oftentimes without kids, who are divorcing. And so my group tends to be many men who were growing up and getting married in times where it was just much more unacceptable to be gay and, you know, and still staying married despite these urges and

everything. Where now it's much more acceptable to be gay and to come out and express that. [...] What I can't understand is men whose wives still want to stay together but want to leave the marriage in order to pursue a gay relationship. It's just not that important to me, you know. I lay in bed and cry at night because I don't have that sometimes, but the idea of sharing, working out a shared arrangement just, I can't imagine it, you know. I can't imagine not waking up, and even when I leave early, knowing that my kids are in that next bedroom or coming home at night to those kids. And who knows, you know, two years down the road maybe that will be different, maybe my wife and I will decide this isn't working, you know. Maybe she will fall in love. But there are some men who just kind of assume well, okay, I'm gay now, we can't stay together and so we have to work out other child arrangements. I just couldn't do that at this point.

In this case, parenthood, Jason's strong attachment to his children and habits, but also his strong internalisation of heteronormative social norms seem to outweigh his intimate desire to pursue an intimate same-sex relationship. And although Jason does not exclude that "two years down the road maybe" things might be different, at the time of the interview his social status and identity as a parent outweighed substantially both his individual, sexual identity and his intimate and frustrated desires as a gay man.

Overall, these examples illustrate and confirm how neither gender nor sexual orientation is sufficient, in themselves, to produce unambiguous outcomes in terms of status inclusion/exclusion and production of EE. Above all, they confirm the necessity to rethink parental care and its multiple implications by contextualising them into specific empirical situations and interpreting them within new theoretical and analytical frameworks. In this chapter, I have clarified the rationales of such new conceptual framework to understand social inequality and social exclusion in light of Collins' Interaction Ritual model. As I also discussed elsewhere (Pratesi 2012a), same-sex parenthood is playing a crucial role to understand the nature of these intersections, representing a key subject to visualise the micro-dynamics which are at the basis of social inequality, but also at the origin of social inclusion, of new forms of entitlements and of an unprecedented form of social change. *Becoming a parent*

involves a significant identity shift and transforms gay and lesbian people in (or perhaps makes them closer to) ordinary people; within such a context *being gay* or *being lesbian* is increasingly constructed as a social rather than a sexual identity (Langdridge 2013; Pratesi 2012a; Warner 1999) and the gap between socially constructed categories dramatically shrinks.

Social changes concerning families, intimacies and relationships are shaping new forms of entitlement which, in some parts of the world, have led to the emergence of a new citizenship discourse asserting the “normality” of being gay and lesbian (Puar 2007; Richardson 2004; Seidman 2002). This is consistent with that part of the literature on citizenship which highlights how in Western societies parenthood, rather than (merely) heterosexuality, is the condition for a full social entitlement as a “normal citizen” (Turner 1999a, 2008; Richardson and Turner 2001). Quite obviously, none of the same-sex parents I met embraced the parental choice to be transformed in a “normal citizen” or to make a political statement; but *the private is political* and their parental choice unintentionally and unavoidably becomes also a political act. The eminently social and political implications of same-sex parenthood make of this social phenomenon an extraordinary engine of social change. The next chapter shows how shedding light on the emotional dynamics revolving around same-sex parenthood is crucially important not only to explain but also to enable such change.

Notes

1. See also Taylor's theory of *positive illusions* (Taylor 1989) and the vast, growing literature on the so-called “positive psychology”.
2. “*If men define situations as real, they are real in their consequences*”. The theorem was originally formulated by William Thomas and Dorothy Swaine Thomas in their book *The Child in America: Behaviour Problems and Programs*, Thomas and Thomas (1928): 572.
3. See Collins' Interaction Ritual Chains model (2004).
4. Whilst the book's main aim is to develop inclusive, empirically grounded and innovative ideas of care, inequality and entitlements overcoming current limitations, unresolved contradictions and gaps, intersectionality

sits on the backstage of this book and represents one of its general aspirations and recommendations for further developments. I am entirely convinced that any study of care that truly aimed to fill those gaps will need to carefully address these multiple systems and experiences of exclusion and inequality. However, for the reasons I exposed in the first two chapters, in this book I purposely focus on a *specific segment* of care and carers. By including too many sociological variables, I would have nullified the strength connected to the empirical grounding of theory on such a specific part/segment of the whole phenomenon (see also Scheff 1997).

5. See: Friedan (1983/[1963]).
6. Cf. Stone, D. "Why We Need A Care Movement" in *The Nation*, March 13, 2000.
7. A simple internet search will provide a clear idea of this growing phenomenon.
8. There are also different-sex couples who cannot become parents by chance for different reasons, and their additional challenges have been recently documented, among others, in the work by Nordqvist and Smart (2014). However, whilst for different-sex couples this occurrence represents an exception, for same-sex couples it is an unescapable rule.
9. According to several studies, gay people's non-conformity to traditional gender norms and family patterns penalise gay/bisexual men's income and tend to have ambivalent effects on gay/bisexual women. Gay and bisexual male workers can experience up to 32 per cent income disadvantage relative to heterosexual peers with the same experience, education, occupation, marital status and region of residence. The evidence for lesbian and bisexual women is more variable. However, several studies indicate that the earnings for lesbian women can be between 20 and 30 per cent higher than for heterosexual women, because lesbian employees would be exempt from marriage-based gender discrimination (Goldin 1990). See also Black et al. (2003), Badgett (1995) and Blanford (2003).
10. Scholars addressing the impact of identity politics widely agree that participation in the grassroots feminist, civil rights, student, anti-war and so on movements has usually stamped a lasting imprint on the occupations, incomes and personal lives of activists as an effect of ideology and more specifically of the fact that these activists made of their life a political project and subordinated career to politics. Taylor and Raeburn (1995) argue that when gay and lesbian activism is involved, the backlash effects of identity politics can be even more direct: less mediated by the activists'

ideology and more directly forthcoming from the overt repression of the dominants groups.

11. My ethnographic work on same-sex parenthood included taking part in recreational and cultural activities at one of the largest LGBT community centres in Philadelphia and the analysis of the messages that parents exchanged on the online common forums of LGBT parents associations (in Europe and the United States). The range of messages was vast and multiform; sometimes they were dealing with health, medical or legal issues related to the specificity of same-sex parenthood, some others with issues related to common matters these parents faced in their everyday lives. The messages could be related to school matters, health problems, behavioural bewilderments, emotional troubles, legal advice, birth or baby shower announcements, informal meetings and many other social and private occurrences or requests of help and/or information. Debates on surrogacy were quite often part of these conversations.
12. A self-help discussion group of gay men (most of them openly gay and some of them still in the closet) who are still in a heterosexual marriage.

9

Please, Just Call Us Parents

In the previous chapter, we have seen how same-sex parenthood represents a homogenising process which redefines *sexual* identities in terms of *social* identities and produces social change through the emotional dynamics intersecting private, intimate, inner processes related to care with public processes involving status, power and entitlement (or citizenship) dimensions. This chapter shows how understanding such emotional dynamics is critically important not only to explain but also to facilitate and accelerate the process of social change. Once same-sex parents become conscious of their new status of parents, they do not think of themselves as “gay/lesbian parents” but rather as “parents” with no labels; and their new status of parents (with no labels) is also expected to reflect broader societal perceptions of them:

Brenda: But I feel tremendously lucky to be able to do it all, especially when I remember I’m a lesbian, which I don’t remember all the time. [...] I mean, most of the time I just feel like a mom, I don’t feel like a lesbian mom in an interracial, interfaith family. Most of the time I just feel like I’m a mom and I’m trying to remember to do what I need to do in the world.

Sydney: And I think we're viewed that way by people. I mean at Eli's school we are the class parents.

Moreover, Brenda and Sydney emphasise another interesting aspect—relatively empowering and productive in terms of emotional energy (EE)—which has to do with the fact that other parents might consider their gender unconventional situation with a bit of envy:

Sydney: And, you know, people at work, most of the people in my Department are moms of small children and we talk about being moms. But my experience is not seen as weird or different. I think actually people are kind of envious about having two-mom families because they tell us that...

Brenda: They think...

Sydney: ...Their perception is that the work is more equally shared and that the childcare, housework, things...

Brenda: I don't think they're wrong.

Sydney: I don't think they're wrong either, but I think that if anything we're looked at, you know, we're envied a little bit.

Brenda: The idea that there's somebody else who is remembering to make doctor's appointments and that there's toilet paper in the house and like everything that goes toward parenting and having a family, managing a household, there really are two of us.

Becoming part of the intangible community of legitimate, fully entitled and successful parents through unconventional pathways also involves challenging traditional assumptions about what makes of a parent a good parent. In the following excerpt, Shannon and Allison, mothers of a five-month-old baby, discuss the inherent risks attached to such assumptions, emphasising their firm resistance against any socially defined or conventional definition of what makes "a good mother":

Shannon: I actually think a good mother is a dangerous concept because it makes so many people feel like they are bad mothers. And I think you are a good mother if your children are safe and fed and their basic needs are provided for. [...] I

think a lot of women are made to feel really bad because they have this idea in their head about oh, I'm not a good enough mother and a good mother would do this, a good mother would do that.

Allison: [...] I agree with you that there are too many definitions out there, [about] what's a good mother, I think that's true. And we don't need any more measuring sticks [laughter].

In this respect, many of the same-sex parents I met may be seen as *cultural innovators*, while others seem instead more inclined to embrace a revised version of more traditional definitions of the family, ending up inspiring their parental practices to romanticised images of the “happy family” which resonate with those idealised by more conventional definitions. This is the case of Clayton and Jerry, who, on the one hand, strenuously defend their right to be called dads, with no other labels:

I don't think of gay dads or straight dads or non-gay dads, I just think of dads. [...] And this is what I strive for. I want people to start to see us as dads, not gay dads. And don't think anybody means anything bad by it, but in other words I will define myself for the purposes of research, a gay dad, I don't have a hang-up with that; just in the outside world we're just that, it's okay, we're just both dads.

And, on the other hand, clearly embraced a relatively traditional and conventional template of what constitute, for them, a happy family. After the interview, I met this couple of dads on several other occasions and during and after the research, and for several years, they sent me photos of their growing son and postcards with their latest family news on a regular basis. On one occasion, I was invited to their home for a dinner and I had the chance to gather additional information about them, their relationship with the child and their families of origins, their lifestyle and the meticulous care with which they had built a perfect, safe and protected family environment representing their version of what represents a happy family. During the dinner, Clayton and Jerry also highlighted—with a bit of pride—how their unconventional family contradicted many of the typical assumptions and stereotypes about same-sex couple

relationships in terms of sexual promiscuity, adultery, instability of the relationship, attachment to traditional family values, commitment and so on. In fact, of all the members of their families of origins, they were the only ones to have a child and to be in a stable relationship.

A similarly interesting paradox emerges with Omar and Curtis who, having gone through several existential steps and angsts (including a difficult acceptance of their sexuality), through parenthood end up rediscovering a completely new relationship with their families of origin and being epitomised as a model of successful family in an trendy family and lifestyle magazine addressed to upper-class readers. In the magazine article, photos of the historical mansion where the couple lived, of the couple with the new-born baby and of the in-laws complemented the interesting narrative about this successful, stylish, unconventional family. During the interview, Omar described the slow but radical change his parents went through thanks to the new arrival: after a difficult acceptance of their son's relationship with another man, not only did they end up acknowledging such a relationship and the related parenthood as a fully legitimate one but also living it, somehow, as less problematic compared to the experience they had with another married (heterosexual) son:

[...] My mom was a kind of strongly Catholic traditional Spanish woman and would not accept my relationship with Curtis. There was a big problem. Years later, she said that we are 'more normal' than my other two brothers. [...] Which is, 'cause my two brothers are married and she's reporting that my oldest one has more problems than I do and that my, Ismael, the second one, the one in the middle—I'm the youngest one—they just had a baby and the wife, she's so jealous of my mother. [...] And they live in the same small town of XXXX and they don't let them see the baby because she's jealous. So my mother's like, I always thought we'll be taking care of the grandkids and I'm now taking care of my gay son's kid; which is something that she never, she would have never thought she would do.

An additional, interesting irony connected with Omar and Curtis' atypical family structure emerges in the following excerpt, where the couple describes how the fact that they are two men allows Omar's mother to

avoid any of the typical mother-in-law vs. daughter-in-law rivalries and competitions or any other forms of gender-based status/power unbalance associated with the concept of the “assumed family” and the rhetoric of domesticity discussed in Chap. 3.

- Omar: No, no, after she got over all these Catholic things and she saw how normal Curtis and I are and how normal our relation is and that we are happy and it's a normal thing, she [...] You know, my mom is like, I think, like an Italian mom: she's a mom and she runs the house.
- Curtis: Right, so we don't really care if she does that, we're not offended and it's not like, there's not this female-female house control of the house competitive thing.

Thus, parenthood not only involves a crucial identity shift by which gay/lesbian people stop identifying themselves mostly or just as such and claim their right to be perceived just as parents with no labels, but it also becomes an important turning point by which the relationship with the family of origin is radically renegotiated on the basis of a new intergenerational contract. This is clearly showed in the following account, when Stephan describes the major identity shift his decision to have a child triggered both for himself and his parents. Interestingly enough, and despite the quite atypical way to get to it,¹ parenthood simultaneously marks Stephan's transition to adulthood and seems to bypass for his parents the problem with his homosexuality, dramatically changing the relationship between them:

- R: [...] I mean I was in really bad relationship with my parents. And when Victor was born we, you know, I went to see my parents, I said okay, I'm going to be father, so they were glad, but you know, very reserved, like what's going on'
- I: They didn't ask you about...?
- R: Yeah, yeah, they knew about everything, they knew about everything. I told them everything and I didn't really talk to them often, but I was there and I say, okay, what I want from you when Victor will be born, I want you to take your place as grandparents. I want

Victor to have grandparents because I think it's important for his education. So would you like to be grandparents? And they said, yes, of course, if you let us be grandparents. And I said, okay, I know we are not in a good relationship, but you will have your place. [...] And in fact I let them have, and Victor is just crazy about his grandparents and I'm glad. I'm glad that this relationship, that it's working well because it's important for him. And so my parents are, you know, now they're not considering me anymore as like their baby child but more like as an adult because, I have this place [...] now I am a father and they cannot talk to me as they used to do. So it changed, really radically.

In the above excerpt, the social and individual implications of parenthood as an important marker of adulthood are clearly highlighted, which are typical of all parents, regardless of their sexual orientation. What makes of Stephan's account an interesting one is that, in his specific case, parenthood not only involves the tacit reconciliation of his parents with his homosexuality, but also, at least in part, the tacit resolution of his conflict with his parents' homophobic attitudes. Stephan's conflict with his parents, which is largely connected with his sexual nonconformity, is progressively replaced with a different form of interaction, based on new social roles and statuses and new power dynamics. His decision to become a father encourages him to ask his parents to "have their place" in his life as grandparents, relocating them with a new role and starting with them a new dialogic (rather than dialectic) interaction which, most likely, would never occur otherwise. By doing that, Stephan exemplifies a micro-translation of forms of inclusion and entitlement which occur at the level of face-to-face interactions even when structural forces of exclusion, homophobia and stigmatisation persist at the macro-level.

The reconciliation of individual, stigmatised identities with social, acceptable ones through the mediation of parenthood is also powerfully exemplified by Stacey, interviewed in her dual role of expert of LGBT civil rights and mother. In describing people's reaction to her motherhood, Stacey provides an additional confirmation of the connecting power of parental care. Parenthood unpredictably connects gay/lesbian

parents with the external world of people who “would have never stopped and talked to you before”; all those *generalised others* who are present in Stacey’s internal conversations as potentially hostile interlocutors because of her sexual nonconformity. Her parenthood and the simple presence and visibility of her new-born daughter activate forms of (successful) interactions with significant implications in terms of social inclusion and social change. It is as if the presence of “this little pink screaming bundle”—as she says in the following excerpt—was able by itself to cancel layers of homophobic prejudices and concerns inducing people to act and interact differently:

And my mother starts calling up some of her cousins who knew that I was a lesbian and I don’t know if they ever said anything about it, some of them are more religious than others, and my mother called and told them that we were having a baby, and these people were beside themselves with happiness and joy. And it’s just something, it’s really kind of whacky, I can’t explain it [...] but people freak out in a good way when you have a baby. It’s just, you know, people stop on the street and want to talk to you that would have never stopped and talked to you before. People, everybody wants to get you a gift, everyone in the world wants to be at your baby shower, they want to know where the pictures are. I mean it’s this unbelievable thing that I had really not expected to the degree that it’s happened. And there’s just something about this little pink screaming bundle that it makes people act differently.

For Josie, on the other hand, the birth of her daughter gives her the opportunity to dispel once and forever any potential rumour about her sexual orientation in the work context and to start a different relationship with her colleagues:

Other people? Oh, definitely, yeah, people never dreamed that I would have a baby. And, yeah, actually I think everything’s different because I wasn’t really like *out* at work, people didn’t know that I had a relationship with Linda or with anybody, really. So once we had the baby, I kind of had to tell everybody [laughter]. And they all took it very well, I was surprised. So yeah, now [...] everybody is very supportive and it is nice, it was a nice surprise the way everybody treats me now.

The (partial) reconciliation with the family of origin instigated by the experience of parenthood can also manifest itself as an ongoing process of retrospective elaboration of past family memories. For example, in the following excerpt Frida describes her desire to take a distance from the problematic relationship she had with her family of origin; she hopes that the relationship with her two children and with her partner will be different from the one she had in her family of origin when she was growing up. Creating her “family of choice” (Weston 1997) becomes for her, at the same time, the opportunity to develop new forms of intimacies, relationships and care, and to reflect upon the not-so-successful family interactions she experienced as a child and that she keeps experiencing as an adult:

I hope that they will want us in their lives and I don't take that for granted at all. I think you have to make that happen because it hasn't happened in my family origin—I don't mean my generation but in previous generations. It's just, you know, I don't come from a close family at all, so I'm gonna have to cut against my own grain, in some ways. It's easy for me to go six or eight weeks without seeing my parents or even talking to them. And vice versa, you know, they don't call me either, right. And everybody's quite happy with the pattern, but I don't want that to be the pattern that I end up with, with Liam and Miguel, you know; I want something different. So I'm cognizant of trying to figure out how to make it be something other than what would be natural for me. And given that Leila's parents really prematurely and unexpectedly died, you know, I think we're both a bit at a loss around that because it would have been easier to just kind of follow the pattern, her parents would have led the way, you know. But that's not for us to enjoy this go-around, so we're gonna have to figure out for ourselves, you know, how to keep these guys engaged with us in other than instrumental ways, you know.

And if it is true that parenthood often becomes for *all* types of parents—be they heterosexual or homosexual—the opportunity to reflect on and take a distance from those aspects of their primary socialisation which are not considered pedagogically or emotionally appropriate, in the case of gay and lesbian parents taking a distance from the family of origin often implies several other aspects. These aspects can include a

whole range of more or less intentional and unintentional, symbolic or real, subtle and blatant dynamics of exclusion enacted by the family of origin such as wedding ceremonies, family portraits, family gatherings, phone calls, email messages, heteronormative and marginalising assumptions about the family and sexual non-conformity, and more explicit forms of discrimination and homophobia. Undeniably, the relationship between same-sex couples and their heterosexual families of origin represents a striking absence from the research on same-sex families, as also recently highlighted in a Special Issue of the *Journal of GLBT Family Studies* (Bertone and Pallotta-Chiarolli 2014). The insights emerging from these latter examples of the dynamics of inclusion/exclusion experienced by same-sex parents are also aimed to fill some of these gaps.

Doing Social Change Through Visibility and Informal Street Activism

Quite often, in our societies, people start familiarising with the idea of same-sex families simply by seeing them in random, everyday encounters. Gay/lesbian people and their families do not live, in fact, in a social vacuum and their existence and visibility, which are often denied at a structural and institutional level, are inevitably part to the societal context and intersect people's everyday lives. Thus, for instance, Stacey underlines here the unintended pedagogical effect produced by same-sex parents' visibility and presence in people's everyday care practices and routines (at the school, down the street, at the bus stop, in the supermarket, in the park and so forth), highlighting how care-related issues represent a common denominator for all parents, regardless of their sex or sexual orientation:

And so when you have this child who will have two parents of the same sex, you know, we'll have to deal with teachers, we'll have to deal with other parents and other people. And those people will start looking at, if they haven't met a same-sex family before, will start looking at us and say yeah, you know, we have the same family problems that they have. You have to wake up in the middle of the night and feed the kid and you have to change

the diapers and you have to figure out what you're gonna do about day-care or after-school programs and all the tensions and all the issues for any family, and also all the good things, are the same regardless of whether the parents are opposite or same genders. And that's very [...] it's very educational and enlightening to people who ... many of which probably just it never occurred to them to think about before.

George describes his going to the park, pushing the baby carriage with his adopted son and talking with people as a form of impromptu and informal "street activism" which somehow compensates his lack of engagement with any type of formal activism involving sexual minorities or same-sex families. He never engaged, with his partner, in any form of political activities, partly because of lack of time and partly because he never felt the necessity to wave a flag or to support same-sex parenthood as such. This form of political disengagement or detachment from collective action was quite typical among the same-sex parents I met, partly because of time constraints and partly because of the individualistic culture characterising the American society in general. I interpreted this common attitude—which appeared to be a distinctive characteristic of most of the upper/middle-class same-sex parents I met—in terms of *self-centred familism*, although further empirical evidence would be required to support my interpretation.² What remains undeniable, nonetheless, is that parenthood is for George (as well as for all the other same-sex parents) something primarily private, intimate and personal; but also something he does not want to hide or feel embarrassed about. Thus, by simply walking down the street with his son, sharing his care responsibilities with another dad and answering people who sometimes ask unfortunate questions about the child's mother ("where is mommy?"; "does mommy have the day off?"), George feels he is already accomplishing, somehow, an important pedagogical role and indirectly contributing to the cause of same-sex parenthood:

R: [...] And this is my activism, walking down the street, explaining to everybody who asks. I get a lot of questions.

I: Oh, really?

R: Yeah, yeah, and it's always very positive, but usually I feel like the best thing that I can do is just explain. Though some will say...

- I: It doesn't bother you, people asking you questions?
- R: No, no, it really doesn't.
- I: That's interesting, you feel like, yeah, that's very interesting, I haven't thought about that. You feel like you are an activist just by going down the street.
- R: We get what I call the triangle eyes, which is the stroller, and you see people trying to make out, [...] and then people would say, where is his mommy? Is it daddy's day? Does mommy have the day off? You know...
- I: Right, they usually ask: where's mommy...
- R: Yeah, so we usually say, well, I usually say that this baby has two dads, you know, try to keep it pleasant in life. [...] If I have time and if I feel like their energy is a positive energy ... [I do engage in talking with them]. If not—I don't feel like engaging, if I don't get a vibe that I want to engage with somebody. But, more often than not, I say that and, more often than not, it's met with a smile or something pleasant.

It is unquestionable that seeing same-sex parents “in real life”—as revealed in the following excerpt—can be, by and large, one of the most effective ways to familiarise with same-sex parenthood; much more effective than any other possible information taken from media, books, academic papers, newspapers, television programmes or conversations:

It's up on XXXXX Street. And there was this young woman, African American woman and she was taking our order, you know, processing our things and she looked over and we were talking to Henry, and she said: are you both his parents? And we said, yeah, and she said I've read about this but I've never seen it in real life [laughter]. And she had a big smile and, you know, we laughed.

However, the pedagogical function of what we might call casual behaviours—that is, simple daily actions and interactions that make it easier and smoother for people to become aware of and somehow acknowledge the existence of same-sex families—can be attained in several other ways. One of the most interesting scenarios I had the chance to observe during my ethnographic work was a quite unusual Easter Sunday in New Jersey.

That episode, perhaps, allowed me to gather more useful insights than many of my 80 in-depth interviews. I was invited to spend Easter Sunday in the countryside by a French couple of dads I had met and interviewed several months earlier. The place and the surrounding areas were stunning and the situation was quite atypical for several reasons. The majority of guests were third generation children of Jewish Polish immigrants who had prepared a copious lunch, mixing Jewish, Polish and American traditions. There were, then, American (heterosexual) families with their school-aged children, a group of French people (which included the two dads I had interviewed and the lesbian couple with whom they had had their children), an older couple of American artists, an Asian/American mixed couple with a new-born child, a French/American same-sex couple with no children and myself. The French birth mothers of Stephan's son and Claude's new-born daughter were visiting Stephan and Claude during the Easter holidays. Thus, the group of guests was heterogeneous in terms of age, ethnicity, culture, sexual orientation and family structure.

Although I was there to enjoy a nice day-out in the countryside, the possibility to observe the interactions between the different social actors attending the event was invaluable, not only from the point of view of my sociological research. I was able to observe, for example, how everybody—including older generations—looked relatively at ease with the unusual form of kinship connecting the four French guests: Stephan had a biological son with his sister's female partner and Claude had a biological daughter with Stephan's sister. In other words, one of the two biological fathers was the brother of one of the two biological mothers, which means that the two children were siblings and cousins at the same time. Confusing enough? What struck me the most, however, was the interaction between the several children who were present at the social gathering. There was a group of children, between five and ten years old, who were playing with Stephan's biological son (four years old) and one of the youngest children started asking him a series of questions about who was his father, who was his mother, how many dads or moms he had and so on. After a moment of visible embarrassment for the adults who were close by the scene, one of the older children started explaining the existing relationships between the four parents and their respective children, without any effort. In sum, what might have looked like a quite sensitive

and difficult issue to explain to school-aged children, turned out being a relatively easy task to handle, thanks to the prompt intervention of a smart young girl.

Quite obviously, this episode represents a single case and we cannot rely on that to assume that all the new generations in every part of the world will be more equipped to understand the changing nature of relationships and families than their parents. Moreover, we all know how kids can be surprisingly and candidly cruel, especially at certain ages. Nevertheless, that episode induced me to think that it is quite likely that the change of attitudes towards same-sex families might accelerate significantly in the next 10–15 years—at least in those societies where same-sex parenthood will become more visible—due to a growing exposure to and interaction with a whole variety of forms of intimacies, relationships, families and care. During my two-year long ethnographic work, I had the opportunity to meet and observe many children of same-sex couples; I did not interview any of them, partly because most of them were very young, which would have raised significant ethical issues, and mostly because it would have been out of the scope of the research presented in this book. However, I had the chance to collect some of their direct accounts in at least a couple of occasions: once at a convention organised in Philadelphia which involved several political and institutional representatives³ and during which several adolescent children of same-sex couples spoke about their personal experiences; and the second time at the William Way Community Centre of Philadelphia, where children of same-sex families of different ages were informally interviewed by one of the organisers of LGBT friendly summer camps.⁴ Some of the insights emerging during this latter occasion seemed to me particularly revealing and I will therefore shortly illustrate them in what follows.

Having Same-Sex Parents Is Cool. But...

As part of my full immersion in events, social gatherings and meetings associated in different ways with same-sex parenthood, I had the chance to attend a round table where school-aged children (between 7 and 13 years old) talked about some of the issues they faced as children born

and raised in unconventional families. No more than 25–30 persons were present in the room, including same-sex parents, their children, a facilitator and some prospective same-sex parents. The atmosphere was very informal and relaxed. The facilitator was probing the children with questions about their experience of living in social environments (at school, with peers, at the summer camps and so on) that might make them feel “different” and about the strategies they used to deal with such issues. It was extremely stimulating and revealing, for me, to hear directly the children’s accounts and to observe their behaviour. None of them denied or tried to minimise the potential problems connected to their being children of families that are still strongly stigmatised; however, they also clearly showed the crucial importance of these meetings—and of same-sex families associations in general—in providing safe, protected spaces where status inclusion and sense of belonging can be recreated while at the same time the perceived sense of status exclusion can be mitigated if not eliminated altogether.

A couple of adolescent children made an interesting distinction based on age and the different school stages: younger children in elementary schools vs. adolescent children in middle schools. According to their accounts, whereas first, second and third grade children tended to react to family diversity with some bewilderment and confusion, at least at the beginning, older/adolescent children more frequently showed a different level of awareness and thought that having two moms or two dads was “cool”. Thus, quite surprisingly, the adolescent children of the group—for whom dynamics of status inclusion/exclusion are supposedly more significant—seemed to feel more comfortable and somehow even cooler than their classmates because of their status of children of same-sex parents. On the other hand, a couple of younger children still attending the elementary school said that they preferred not to tell other schoolmates about their two moms or, at least, that they tried to avoid talking about the subject, unless strictly necessary. This seems to resonate with some of the information I collected online through forums and email messages exchanged among members of the American and European association of same-sex parents, according to which some of the young children (between five and seven) who are raised in female same-sex families prefer to say that their father is dead; while others tend to hide or to be vague

about the fact they have two mothers or that they do not have a mother at all—when they are in a male same-sex family.

Some of these interesting insights provide a more balanced account of the multiple challenges faced by same-sex families, in case what I described so far in the book gave the reader the impression that being part of a same-sex family—either as a parent or as a child—is always an easy, rosy thing. Building and raising same-sex families undoubtedly requires daily efforts and negotiations, strategic choices and a constant commitment to handle heteronormative assumptions, unwritten rules and prejudices. Despite these challenges, the same-sex families I met and their children have the same possibilities to be happy, well-adjusted and equipped with copious supplies of EE as any other heterosexual families and their children. Whilst opponents of same-sex parenthood argue that children with same-sex parents are exposed to a higher risk of negative developmental outcomes, to date there is no scientific evidence that the development of children with same-sex parents is compromised in any significant way relative to comparable children of heterosexual parents (Patterson 1992; Stacey and Biblarz 2001; Campbell 2005; Cowl et al. 2008; Perrin et al. 2013; Golombok 2015; Richards et al. 2016).

Research shows that structural aspects of the family, such as gender, sexual orientation and genetic relatedness of parents, are less important for the children's psychological wellbeing than the quality of family relationships. Other external factors, including poverty, inequality, marginalisation and social exclusion, are instead crucially important in determining the children's overall well-being and social development. In some cases, being the child of a single or a divorced parent can actually expose to more challenges than being the child of same-sex parents—especially from the economic point of view. Together with social status, the economic status of several divorced parents (especially women) and their children is likely to decline significantly. All this clearly holds significant policy implications. Policies can facilitate and support children's emotional well-being and social development by acknowledging the variety, legitimacy and equal dignity of these different types of parents who, by *doing care*, simultaneously undertake a fundamental societal role—which possesses important ethical implications—and shape new ways to *do family* and to define entitlement and social inclusion. Teachers, families, peers, friends, media,

schools and other educational sources can all differently and substantially contribute to create positive, beneficial, learning environments for all types of children, regardless of their parents' marital status, gender and sexual orientation. But the problem of full acknowledgment, entitlement and inclusion within the community of carers is also political and requires, as such, political solutions.

I'll Wait for You Here, Honey, Don't Forget to Wash Your Hands

The additional challenges met by same-sex parents are not only limited to legal or bureaucratic aspects. As mentioned earlier, my two-year ethnographic work on family care included being part of a variety of networks, forums and same-sex families associations and having access to online forums and conversations. The range of messages these families exchanged was vast and diverse, dealing at times with health, medical or legal issues, and occasionally with more or less common issues experienced by these parents in their everyday lives. Quite often, beyond their practical and immediate utility in providing guidance and useful information, these virtual communities and interactions accomplish another important role, which is that of generating a sort of Durkheimian *collective effervescence* among the community members, fulfilling their search for status inclusion and sense of belonging. The following announcement, for example, appeared in the forum of one of the same-sex parents associations of Philadelphia. A member of the association was trying to put together an editorial for the monthly newsletter entitled "*How Does Your Family Do It?*" and asked the members of the forum to provide some anecdotes and stories. The specific topic of the month concerned how same-sex couples with opposite sex children dealt with the use of public toilets when their children need help.

This time I have a more serious topic in mind: It's not unusual for families with moms to have sons, and families with dads to have daughters, creating a public restroom issue. Someday I'll have to send my sweet baby boy into a men's room without me, and I'm not looking forward to it!

SOME OF YOU HAVE ALREADY BEEN THROUGH THIS! and lived to tell about it. Please share with me at [email address] any deep thoughts or advice or anecdotes.

Help us get ready for the day we stop explaining to our children, "You have to go to the bathroom that matches the adult you're with" and move on to "I'll wait for you here, honey. Don't forget to wash your hands."

I will also accept anecdotes from dads who had to find changing tables for their baby girls. I might hold them for another time, but they may also fit here.

Thanks

At first glance, this simple example and its related little dilemma looks relatively innocuous and quite funny; however, it also shows how even a trivial issue, such as the use of a public toilet, can become for same-sex parents one of the multiple daily reminders about how gender and sexuality are strictly socially regulated and how the dualistic opposition between hetero- and homosexualities is one of the most pervasive, distinctive and yet highly unnoticed structures of our societies. Torn between conflicting demands—that is, resisting the assimilationist power of a heteronormative world, on the one hand, and supporting their children's inclusion in a discriminating world, on the other—some of these parents opt for softer strategies of social integration, accepting inescapable compromises. Most of them, however, rely instead on the potential benefits and advantages of their difference and transform the additional challenges they face into opportunities for personal growth, both for them and their children. Inhabiting marginal areas, in fact, can enable these parents to develop stronger forms of flexibility and a stronger ability to embrace change or invent new strategies to deal with it (see also Ahmed 2010). Thus, shedding light on these visions from the margins help us, at the same time, to expose and challenge conventional heteronormative scripts and to understand the nature of an occurring social change.

Whilst there can be some advantages in growing up "being a little bit different"—as vividly described in the following excerpt—the concern about their children's psychological and emotional well-being and the need to protect them from discrimination are constantly present in these parents; so is the concern of being a potential target of homophobic attacks, as Leila recalls here:

I think that the important thing is that the couple be strong and loving and create a loving environment. I think there is equal potential for dysfunction and abuse in a gay family as there is with straight people. I think, you know, we're all human beings. And I think there are some advantages in that you grow up being a little bit different, and some people would say a lot different, depending on where you live, you know; living in a house that has either two dads or two moms instead of a mom and a dad, it can be confusing. You have to deal with some pretty complex issues at a pretty young age, that I think kids in straight families don't have to deal with, don't have to do. And I think it becomes a very easy topic for teasing, things like that. And you know, there's a potential to open yourself up to be the target of people who are hateful in the same way that if, you know, you're black or Hispanic or a girl that, you know, people who have prejudices...

Same-sex prospective parents often encounter additional challenges also before they have their children. In previous chapters, I have illustrated some examples of how difficult the procreative choice can be, especially for gay men. In the following account, Clayton reminds us some of the negative implications involved in denying or discouraging adoption for same-sex couples. Legal obstacles and constraints induce in fact some prospective parents to resort to alternative options, precluding, in this way, the possibility of providing numerous institutionalised children with a loving family:

I've always wanted to have children and have always—always had the idea that I would have children in my life. [...] I always expected to have a child through adoption, and it wasn't until, you know, I realised, okay, it's not an easy path, it's very difficult for a gay man to adopt, that we investigated surrogacy.

In this way, the additional challenges and legal obstacles met by same-sex couples who want to adopt a child can also facilitate the introduction of a classist component, especially for men. In fact, the considerable economic costs of surrogacy (including traveling costs to reach the countries where it is legal) or other alternative options to adoption automatically exclude all those aspirant parents who cannot afford to pay for them.

Apart from that, several other sociological, legal and ethical issues—which would be out of the scope to discuss here—are raised by this specific form of procreative choice (Danna 2015). The additional challenges met by prospective same-sex parents can be extremely exhausting, both from an emotional and psychological point of view, generating, for some, several consequences in terms of well-being, motivation, anxiety disorders and even depression; consequences that can last for years and that dramatically affect people's career and personal life. We have already met Jack and Ishmael in Chap. 5, where they described the ordeal they went through during their long journey towards parenthood: a journey that lasted nine years. In the following excerpt, Jack gives us an additional flavour of the stressful condition which accompanied their long journey:

Well, the first one was in Guatemala but then that agency fell through. It was a gay man who had an agency out of Hawaii but then Guatemala got wind that he was a single man, he was adopting to gay men, so they closed him down. That was the first thing and that was nine years ago. Then we went to a different agency in Ukraine, but they were promising us twins [...] but then, when I called the people who had just been to Ukraine, they said there were no babies at all, zero. [...] And then we went, we started talking with Jennifer and Mary, our lesbian friends, having a baby with them. So for a year or two years, a while, we started really investigating that. We both got therapists, we both got lawyers and we were trying to make that work out. And then that didn't work out. After two years, they decided not to do it. And so that was very devastating.

In the following excerpt, instead, Sullivan raises another important challenge, connected to the difficulties of figuring out and isolating cases of harassment at school, especially when the victims of harassment do not report the episode, as is often the case among adolescents:

We have friends whose son is 12, whose son has been harassed at school, in Bucks County. And I spoke with the father the other day and reviewed a report that had been prepared because the father is trying to get the school to be more protective of their son. And there's only so much they can do. What they can do is, if there's a report of something, if a child who is not

shy reports something, then the school can theoretically do something about it. But if the child is too shy to, or too reluctant to report it...

This latter point highlights the importance of creating safe, inclusive and non-discriminatory learning environments for all children from the very beginning of their process of socialisation: in the family, among peers and above all in the school, which is one of the most important agents of socialisation. In the UK, for example, recent government regulations for schools to combat homophobic bullying provide teachers with guidelines such as avoiding the assumption that pupils' have two different-sex parents. The guidance, which was jointly produced by the LGBT rights group Stonewall and Educational Action Challenging Homophobia, was formally launched at the end of January 2008 by children, schools and the Families Secretary. It recommends, for example, that secondary schools "should make efforts to talk inclusively about same-sex parents" by avoiding the assumption that all children have a "mum and dad"; and states that children who call classmates "gay" should be treated the same as racists as part of a "zero tolerance" crackdown on the use of the word as an insult. Teachers should avoid telling boys to "be a man" or accuse them to behave like a "bunch of women" since this sort of rebuke "leads to bullying of those who do not conform to fixed ideas about gender". Most likely, the guidance would be more effective if it tried to fight simultaneously against any type of discrimination—including the discrimination against single parents or ethnic and religious minorities—rather than dealing with homophobia as a separate subject matter. Moreover, the guidance has no statutory force. However, it represents an important signal and an example of social and cultural change which is acknowledged and supported by political institutions.

Meanwhile, elsewhere, Brenda and Sydney (together with many other proud parents) have already started their own individual, micro-situated and emotion-based process of social change. With their words "we see ourselves as sort of civilizing him to the world" they effectively summarise and clarify their personal idea of what a "good parent" is or should be. Being a good parent means embracing a moral responsibility that encompasses—among other aspects—teaching children to become respectful, responsible, inclusive and caring adults:

[...] and I think also I don't think of it in terms of just being a good parent, I think of it in terms of taking care of all of us, we all matter, we all need to be taken care of. But the thing I'm most concerned is that he has is emotional closeness and security. And also we are careful about what we feed him and he's not allowed to see very much TV and he has no violent toys and, you know, we have other aspects to that philosophy. Like, we want him to be a kind and gentle and caring person. So we see ourselves as sort of civilizing him for the world [laughter]. But in a way that means being respectful and loving, I think. I think that's the core.

A Respectable Scandal: Accelerating the Pace of Social Change

Raising new generations of open-minded, thoughtful and responsible children is one of the not-so-manifest functions of same-sex parenthood. Societal constraints placed on gay/lesbian people are still numerous and quite often end up being unnoticed or discounted even by those who, although not overly homophobic, unwittingly reproduce them. In the collective imaginary childcare is primarily designed, built and intended for nuclear families, reinforcing a cultural norm of “family life” with a lot of heterosexism and a bit of patriarchy on the agenda. This creates for gay/lesbian people a tainted emotional approach to childcare and affects the potentialities of successful and EE-enhancing care interactions.

As I have mentioned earlier in the book, in analysing the emotional impact of care interactions on different kinds of caregivers I privileged those relatively informal and unfocused interactions—mostly internal and typical of our thinking processes—which define individual reputations (Collins 2004). Similar to (and sometimes more than) anybody else, gay and lesbian people come to grips with status and power dimensions and the construction of positive individual reputations. Within such a context, parenthood is becoming for some of them one of the several interaction channels through which they can attain new layers of respect or respectability and new forms of social visibility. In our still largely homophobic societies, same-sex parenthood has become a way to give LGBT civil rights at large a halo of respectability. LGBT civil rights

can still be perceived by some as “scandalous” or of secondary importance, but the introduction of a totally new and unquestionably reputable status dimension such as parenthood, particularly when it involves adoption or foster care, adds to these rights different connotations, making these latter somehow more respectable; in other words, transforming their new social status into a sort of *respectable scandal*, as Shannon eloquently maintains:

Perhaps [it is] still scandalous but respectably scandalous, something like that.

At the time of this study, these societal dynamics of “acceptance” and recognition seemed to concern predominantly same-sex couples composed by two women; however, it is reasonable to expect that, in the future, both male and female same-sex parenthood will become less scandalous, more visible and more customary as well. To use a Goffmanian terminology, these couples bring to the front-stage the “respectable part” (=childcare) of their social statuses and identities and simultaneously overshadow the backstage component (=sexuality) to which they are typically associated. Becoming parents, gay and lesbian people manage to relocate the key dimensions of both their personal and collective identification and to challenge the invisible social membrane defining and constraining them on the basis of their sexual behaviour. Parenthood seems to dissolve the typical, obsessive societal concern with the sexual aspects of gay and lesbian people’s life; and this clearly resonates with Gagnon and Simon’s seminal article (1973) quoted in Chap. 4. If as “homosexuals” and “lesbians” they are mostly defined by their sexuality, as “parents” they can claim their right to be considered like any other person whose sexuality is not an issue at stake or, at least, not the main social marker.

If it is true, as Butler suggests (1990, 2004), that heterosexuality is a highly unstable system, always in the act of performing itself and excluding homosexuality for its very survival and for fear of being undermined, one could say that same-sex parenthood is a way to “normalise” homosexuality without threatening heterosexuality by making it “deviant”. By ruling out sexuality as the exclusive site around which organising sexual politics and including something that is lived by most people as less

threatening and more easily locatable within a sense of moral order, gays and lesbians choosing parenthood raise and combine two important issues at the same time. On the one hand, they challenge radical LGBT anti-assimilationist politics and, on the other hand, they challenge ideological, homophobic reactions against same-sex families.

The extent to which the politics of same-sex parenthood might involve potential benefits for sexual minorities at large, and particularly for childless gay and lesbian people, is still debated. Thus, for example, some scholars highlight how, implicit in this process of normalisation, there is a risk of heterodirected identity adaptations or changes which would involve the *assimilation* of LGBT citizenship into mainstream heteronormative (and heterosexist) notions of citizenship rather than an *affirmation* of equal rights within the reciprocal acknowledgment and valorisation of diversity and otherness. Duggan (2002) describes this risk in terms of “new homonormativity”, which “...does not contest dominant heteronormative assumptions and institutions but upholds and sustain them, while promising the possibility of a demobilised gay constituency and a privatised, depoliticised gay culture anchored in domesticity and consumption” (Duggan 2002: 50). However, as I further clarify towards the end of this chapter and in the final chapter, my findings confirm that same-sex parents, through their unprecedented ability to integrate two allegedly opposite constituencies (i.e. the right to be acknowledged—with their diversity—as fully entitled citizens and the right to be acknowledged—with their diversity—as fully entitled parents), bypass simultaneously exclusion from and assimilation with dominant, pre-existing, heteronormative definitions of families, intimacies and relationships.

The changing nature of sexual politics from a mere focus on *sexual citizenship* to a new focus on what I have called the *right to care* has been amply documented by that part of the literature which shows how, during the 1990s, LGBT movements and activism have been characterised by a gradual move towards *identity*- and *relationship*-based rights claims contrasting with *freedom of sex*-based rights claims of earlier political campaigns (Richardson 2000a, 2004). This also seems to resonate with those critical theorisations of care and citizenship which have bridged the gap between the theories and practices of care, sexuality, intimacy and social

inclusion, providing broader, more grounded, intersectional understandings of the concept of citizenship (Epstein and Carrillo 2014; Fudge 2014; Kershaw 2010; Longman et al. 2013; Sevenhuijsen 1998; Yuval-Davis 2007). For example, Longman et al.'s comparative, intersectional analysis of *mothering* in non-conventional mother–child relationships (2013) shows how care work and its micro-based, affective potential to shape politics of inclusion and recognition become a form of *citizenship practice* which changes hegemonic understandings of belonging and entitlement. Kershaw's claim the "caregiving for identity is political" (2010) advances the debate on the contested status of care work as a form of political citizenship. Fudge (2014) discusses the extent to which universal *human rights* and *citizenship* discourses intersect when migrant workers claim for greater protection in a growingly globalised world. Epstein and Carrillo (2014) illustrate the concept of "*immigrant sexual citizenship*" by discussing ethnographic data from a study on Mexican gay and bisexual male immigrants to California and describing the multiple, intersectional challenges they face.

For all the same-sex parents I met, the parental choice represents a quintessentially intimate, personal and private choice and not a political statement or a conscious and deliberate choice in terms of sexual citizenship. However, the personal is political⁵ and parenthood inevitably becomes also a political act for same-sex couples; a political act which is dramatically accelerating the pace of an ongoing process of social change, as some of the leading figures within the LGBT associations seem to have clearly understood. Stacey the director of an American organisation for the legal defence of the rights of sexual minorities observed that the LGBT movement has made more progress in the past 10 years than during its first 50 years of existence. In the following quote, she highlights the acceleration of the change in the social attitudes towards homosexuality suggesting some interesting parallels with other minorities:

And it's something that's interesting, you know ... in the history of civil rights generally, the speed with which the LGBT movement is going, is actually at warp speed. In an age where nothing can happen fast enough, you know, everyone is sort of, they're on the Internet and you just click here, get instant results kind of a thing. It can't be fast enough. But in comparison

to, look how many years women were fighting for the right to vote, look at how many years it took for African-American people, just from the time that slavery ended to 100 years later, until the Civil Rights Acts were passed. So if you say that it took 100 plus sort of years and there's still discrimination against African-American people, and that was, you know, civil rights bills were passed 30 something years ago, or 40 something years ago. So then if you look at the LGBT movement, Stonewall was in 1969, it hasn't even been 50 years and we might potentially have a federal nondiscrimination law. [...] But the fact that people have been hidden for so long and we've been moving at the speed that we're moving really is, I think, an incredible thing in that, you know, the changes are happening so much faster. We wouldn't be having the same type of conversation we're having today even 5 years ago or 10 years ago.

Within and beyond the broad and diverse community of sexual minorities, the minority represented by gay and lesbian parents is becoming one of the most significant drives of such acceleration. The stories of these parents are relevant not only to their individual lives but also to the general processes of social change investing sexuality, gender, family and parenthood. Thanks to the extension of the possible definitions of family and parenthood and to the battle against sexism and heterosexism, these stories are also relevant to other sexual minorities and to the broader society. Feeling *entitled to care* may be a slow process, which at times is accompanied by hesitations, frustrations and multiple concerns; but it is a process constantly at work and for which the supplies of EE created and recreated through chains of interaction rituals (email messages, online forums, face-to-face meetings, exchange of information between parents and so on) are crucial. At times, then, even the additional challenges that sexual minorities face in order to become parents can be productive in terms of EE, as they force same-sex parents to develop further strategies and approaches (solidarity, cooperation, dialogue with other parents) to handle those challenges.

To conclude, the still relatively invisible experiences of same-sex families possess important implications in terms of citizenship, social inclusion and social change. This chapter has shown how shedding light on the emotional dynamics revolving around same-sex parenthood and their

implications in terms of status inclusion or exclusion is crucially important not only to explain but also to facilitate such change. Same-sex parents are accelerating this process of social change, representing something completely different, intrinsically and ontologically different; and their atypical form of social inclusion—which avoids assimilation—resonates with the concept of “cultural citizenship” (Pakulski 1997), involving the idea of a full inclusion in the culture of a specific society.⁶ They can be seen as *cultural innovators* who produce and foster social change through their intimate and yet eminently political care choices and practices (Pratesi 2017). In fact, by gaining social visibility through their care responsibilities, enriching the possible definitions of family and parenthood, challenging stereotypical gender identities and roles and fighting against hegemonic sexualities, gay and lesbian parents carry on a peaceful battle involving simultaneously social and cultural aspects. A battle based on their unique ability *to be* and *feel included* without being and feeling incorporated or assimilated into pre-existing models of parenthood. No matter how contemporary neoliberal cultures may try to incorporate and control aspects of same-sex relationships and intimacies that fit with capitalist and heteronormative agendas, gay and lesbian parents claiming their right to care represent a momentous, radical historical change which can be seen as a model of anti-assimilationist citizenship. They produce social change by being visible, in all their diversity, and “having to live in close proximity to heterosexual cultures (in the negotiation with schools, other mothers, local communities, etc.) whilst not being able—or willing—to inhabit the heterosexual ideal” (Ahmed 2004: 152). The cultural gap between the heterosexual script(s) about the family and the visibility and specificities of same-sex parenthood—including the “embodied difference” of the family—unavoidably involves a reworking of the script: hence, social change. Clearly, as emphasised by Ahmed (2004: 152), the script reworking should not be taken for granted as it does not necessarily involve any “conscious political acts” (parenthood is a typically private and intimate matter, not a political one) and it is contingent on other social variables including class, age, education and status. However, the closer that same-sex parents get to spaces defined by heteronormativity, “the more potential there is for a reworking of the heteronormative” script (Ahmed 2004: 152), to the extent in which the proximity “shows”

how non-normative, nonconventional forms of kinship, relationships and families are possible.

The final chapter of this book discusses the extent to which same-sex parents—with their ability to bypass both heteronormative definitions of parenthood and marginalising definitions of sexual citizenship—may represent a possible model of inclusive and anti-assimilationist citizenship precisely because of the still ambivalent and politically undetermined nature of their civic entitlements. Same-sex parenthood and care practices translate into the coexistence of two seemingly irreconcilable needs: the necessity of coming to grips with newer forms of membership and civic entitlement, on the one hand, and the inevitability to also (re-)define and (re-)affirm their identity politics as members of sexual minorities on the other. In the next chapter, I examine how getting insights into this paradox may involve potential benefits for other marginalised and unequally entitled communities.

Notes

1. Stephan is a gay man in a same-sex couple relationship who decides to have a biological child with the female partner of his lesbian sister.
2. In 1958, Edward Banfield published *The Moral Basis of a Backward Society*, a controversial account of poverty and family ties in a village in Southern Italy, where he argued that the backwardness of the community was to be explained “largely but not entirely” by “the inability of the villagers to act together for their common good or, indeed, for any end transcending the immediate, material interest of the nuclear family”. Banfield attributed this inability to the ethos of *amoral familism*, which defined for the author a cultural pattern characterised by the absence of moral obligations to anyone who does not belong to the family group, together with a strong distrust toward social and political institutions. I am not claiming here that the attitude of upper/middle-class same-sex parents is in any way comparable to what Banfield called *amoral familism*, which, in itself, is a questionable concept. However, during my two years of full-immersion into same-sex parenthood, I could observe in these families a certain tendency to *self-centeredness* and absorption in private, family matters to the detriment of collective, public ones. This attitude can be justified by the

necessity to claim rights that are still not there and to create forms of protection and a sense of group membership within the still marginal community of same-sex parents. Yet, by doing that, sometimes same-sex parents unwittingly recreate an invisible divide between a “we parents” and all the rest of “childless gay/lesbian people” who are in fact excluded from their community.

3. Including the Mayor of the City of Philadelphia and the Governor of Pennsylvania State.
4. The event was mostly meant to be an informal social gathering during which the social operators working in the summer camps collected information—in a sort of focus group involving same-sex parents and their children—about the children’s motivations, expectations and perspectives.
5. The personal is political (or the private is political) was the well-known slogan of student movements and second-wave feminism from the late 1960s which emphasised the ways in which different forms of dominance and power produced within the personal realm (micro-level) reflected the social and political structures and forces operating at the macro-level and vice versa.
6. According to Pakulski, cultural citizenship represents a new set of claims—including the right to symbolic presence and visibility vs. marginalisation, the right to dignifying representation vs. stigmatisation, and the right to affirmation and propagation of identity vs. assimilation.

10

Future Directions and Possible Applications

This chapter examines the extent to which same-sex parenthood—which manages to attain inclusion bypassing assimilation—may represent a possible model of inclusive and anti-assimilationist citizenship applicable to other examples of *unequally entitled citizens*. The non-violent, micro-situated and emotion-based model of social change embodied by the experience of same-sex parents, is the argument, can be imaginably applied to other social groups, contexts and settings, creating the foundations for more caring, more just and more inclusive societies. The overall objective is to open a discussion around the possibility to develop new theoretical frameworks of analysis overcoming current limitations and uses of the concepts of care, social inclusion and citizenship.

Both my research and a growing literature on same-sex parenthood support the argument that this latter provides the opportunity to explore possible routes of resistance against macro-structural forces while at the same time avoiding marginalisation (Berkowitz and Marsiglio 2007; Duncan and Smith 2006; Hicks 2011; Langdridge 2013; Mallon 2004; Pratesi 2012a; Rabun and Oswald 2009; Roseneil and Budgeon 2004; Shipman and Smart 2007; Smart 2007; Stychin 2001, 2003; Stacey 2006; Weeks et al. 2001; Weston 1997). The question, then, becomes how to apply the

vast potential of citizenship discourse concerning same-sex parents to other contexts, other types of *unequally entitled citizens*, and how to intersect the theoretical, emotion-based model of social inclusion and social change illustrated in this book with other important variables such as class, gender, education and ethnicity.

Beck and Beck-Gernsheim (2014) use the terms “world families”—or “families at a distance” or “global families”—to define families that live together across national, religious, cultural or ethnic borders. In Beck’s analyses, “world families” represent a group of very different social actors, including couples of mixed cultures and ethnicities, low-paid migrant workers, skilled migrant workers, asylum seekers, refugees and distant families who challenge the culturally homogenous understanding of family and society and are defined therefore as “pioneers of cosmopolitanism” and cultural diversity. As such, they represent a possible synthesis between private and public spheres, centre and periphery, national and international borders, traditional and liberal politics, and force us to rethink the concept of citizenship by virtue of their geographical mobility and their increased contacts with different cultural and national groups.

Quite obviously, when we talk about “world families” we talk about a series of quite different subjects who vary considerably, depending on the reasons which are at the origin of the geographical separation, the possibility (or impossibility) to change them, and, above all, depending on several sociological variables such as social class, ethnicity, culture, age, able-bodiedness, sexuality and many others. What they do have in common, however, is that they all inhabit cultural, legal and political limbos, in-between areas whose borders are still not clearly defined. These different social actors—which I prefer to call *unequally entitled citizens*—have in common their “liminality” in terms of belonging and entitlement to rights, in other words, their inequality in terms of citizenship. The concept of liminality—from the Latin “limen”—has to do with margins, borders and edges. A state of liminality is characterised by the simultaneous coexistence of present, past and future which is typical of those symbolic or real passages (from one phase of life to another, from one country and/or culture to another etc.) during which the usual point of references is temporarily suspended; what is left behind starts being elaborated in terms of past experience and identity and what waits ahead in terms of

new social and cultural landscapes is still undetermined. Liminality is therefore a land of opportunities and open spaces, where ambivalence, ambiguity, openness and indeterminacy show all their positive and negative potential (Deleuze and Guattari 1988; Sennet 2011; Sharma 2013). But it is also a land filled with risks and challenges. It is “a world without rules and controls, without borders or boundaries, a world ... where anything is possible” (Sharma 2013: 109). It may represent a chance of inclusion and entitlement for someone and at the same time it may involve exclusion and marginalisation for others.

These in-between areas, momentarily freed from normative constraints, social roles and status membership, open up the possibilities of social change and foster the creation of new alternative worlds and identities. Innovation happens in the interstices of liminality. Losing one's dwelling place allows the potential of becoming something radically new. Such potential unfolds itself in different directions: it can create uneasiness, anomie, depression, despair and even illness and death; but it can also set the foundations for positive transformation of both Self and Others. Sennett (2011) describes the foreigner's experience of displacement as one which creates value: a reflexive value which allows the subject to add meaning and solidity to his/her experience. The nature of liminality, its complex features and multiple implications can be analysed best by looking at those social actors who experience several layers of displacement, intersecting, for example, social inclusion with geographical mobility and cultural and ethnic diversity.

Research on citizenship has shown the multiple challenges involved in the attempt to overcome current limited and limiting uses of the language of citizenship (Ambrosini 2005, 2007a, 2008; Castles 2014; Erel 2009, Fortier 2010; James 2014; Lister 2003, 2007; McLaughlin et al. 2011; McNevin 2006; Shachar 2014; Stychin 2001, 2003; Turner 1993, 1999a; Yuval-Davis 2003, 2007) while at the same showing the vast potentialities of citizenship discourse offered precisely by its “multivalent and politically indeterminate character” (Stychin, 2001: 286). Hannah Arendt's foundational definition of citizenship as the “rights to have rights” (Arendt 1958 [1951]), as the bedrock to fulfil the right to belong to some kind of organised community, still represents a benchmark for analyses on migration, nationalism and human rights (Shachar 2014).

Nevertheless, our “basic right to have rights remains deeply fragile and insecure so long as we can be deprived of membership in an organised political community” (Shachar 2014: 115). In this sense, both Hayden (2008) and Richmond (1994) have noted how the contradictory nexus between “national sovereignty” and “human rights” highlighted by Arendt long time ago can be described today in terms of a global system of apartheid which is spreading across the world and creating an under-class of human beings with no rights and identity. Global developments and global economic crises contribute to reshape our understanding of citizenship and its ambivalent and shifting boundaries.

The so-called EU refugee crisis¹ raises important issues in terms of social inclusion, citizenship, international relations and social change, but it also represents a unique opportunity for Europe and the UK to redefine themselves and their identities. The necessity to provide a growing number of refugees and asylum seekers with immediate and adequate responses clashes with the growing emergence of nationalisms and attitudes of closure and rejection at the institutional and political level. Within this context, James (2014) emphasises the importance of the social and ethical framing of the problem, which requires going beyond unilateral, monolithic, inflexible and value-neutral definitions of entitlement to rights. More specifically, the author suggests grounding the *ethics of rights* to an “*ethics of care* through which fundamental questions of difference/identity, inclusion/exclusion, and mobility/belonging are negotiated” (James 2014: 221). This requires shifting the focus from the macro- to the micro-level of analysis and to look at the ways in which people constantly construct and reconstruct their sense of entitlement and belonging and produce forms of relational social inclusion through the sentiments and practices of care (Epstein and Carrillo 2014; Erel 2011; Erel and Reynolds 2014; Fudge 2014; Kershaw 2010; Longman et al. 2013; Reynolds and Zontini 2013; Sevenhuijsen 1998; Yuval-Davis 2007). Emotions are key to show the grey areas connected with the concepts of care and social inclusion and challenge their conventional and stereotypical interpretations. However, when emotions are considered in studies on refugees and asylum seekers the perspective is often pathological or follows a medical-behaviouristic argumentation that mostly focuses on negative emotions and feelings (Albrecht 2016; Wettergren 2013).

But an exclusive focus on negative situations and interactions seems to be too short-sighted and needs to be expanded. Integrating emotions within migration and refugee studies (Albrecht 2016; Svasek 2010; Boccagni and Baldassar 2015) and overcoming conventional approaches to migration, citizenship and social inclusion merely based on economic, political, static and normative interpretations of the reality allow us to develop a non-pathological, emotion-based, interactional model of social inclusion and to visualise new forms of citizenship and social inclusion which are creatively performed at the local level, that is, at the level of micro-interactions, even when forms of exclusion, borders-defence attitudes and racism persist at the institutional and political level (see also Isin 2008, 2009, 2012; Aradau et al. 2010).

Refugees and asylum seekers who try to reach European coasts and countries are exposed to terrible circumstances, quite often including death and loss; they experience several forms of exclusion at the institutional and political level and several forms of negative emotional reactions at the social level, including the fear of crowds of invaders, the fear of the “other”, the fear related to health and security issues and economic fears. But they also experience several forms of *successful interactions*, when we look at what happens at the local level. Citizens, professionals and volunteers involved in rescuing them, providing them with immediate care, shelter and food contradict and challenge on a daily basis, through their care practices, the multiple forms of institutional exclusion which persist at the political level. In other words—and similarly to other unequally entitled citizens—refugees and asylum seekers experience forms of interaction rituals at the micro-level of face-to-face interactions which expose them to different emotional outcomes in terms of status inclusion/exclusion, membership and sense of entitlement. But, at the same time, they expose the hosting countries and populations to different emotional outcomes. Different emotional outcomes related to the images of overcrowded boats, different emotional outcomes related to these people’s life and death, different emotional outcomes related to direct or indirect interactions with them, different emotional outcomes related to the fact that these unequally entitled citizens remind us or make us aware of the responsibilities that European countries have in explaining and dealing with this unprecedented mass exodus. Thus, the different forms

of institutional racism, closure, border-defence attitude which are propagated at the macro-level seem to be somehow and sometimes compensated at the local level by micro-situated forms of social inclusion based on two key elements: *care*—the immediate care, provided for the survivors, or the posthumous care for the dead—and *emotions*—the emotional reaction, collective and individual, provoked by the dramatic images of refugees escaping from war, torture and famine and, too often, finding a fatal epilogue in our self-defensive, unwelcoming and bordered countries.

The dramatic *visibility* and sudden *proximity* of the constant waves of refugees and their children reaching the European coasts rework at the micro-level, through forms of situational and relational solidarity, the nationalist, uncaring, neoliberal politics concerned with issues of security, defence and protections of borders imposed at the macro-level. By crossing our geographical, cultural and political borders and telling us an alternative, situational story about human rights, people's entitlements, individual and collective responsibilities, refugees and asylum seekers induce us to rethink the relationship between our nation-state borders and the people placing themselves next to them. Micro-dynamics of situated and relational inclusion occur at the level of face-to-face interactions, providing a social and political template of how a truthfully inclusive, caring and multicultural society might look like. With their presence and visibility, refugees and asylum seekers force us to rethink our ideas of citizenship, borders and social inclusion. They undermine and rewrite the citizenship boundaries against which they struggle through the emotional dynamics revolving around their interactions with local communities and through their transnational accounts bridging and connecting different affective, social and political cultures.² They produce social change by being visible, by telling us another story about Europe and its responsibilities in terms of human rights, by interacting with local communities and exposing them to different, extraordinary forms of *interaction rituals*: the ritual of saving them from the sea (or recuperating their corpses), the ritual of hospitality, the ritual of care, the ritual of providing them with food and shelter, the ritual of helping them to join their families, the ritual of preventing them from crossing the borders, the ritual of treating them as unwelcome aliens and the ritual of

sending them back to their country of origin. The gap between our Eurocentric narratives and the visibility and specificities of refugees/asylum seekers and their stories of forced exodus unavoidably involves a reworking of the narrative, a narrative which involves important issues in terms of human rights, social and cultural inclusion and citizenship.

It is in the context of situated interactions—be they real (face-to-face) or virtual (via images) that the micro-emotional dynamics unfold entirely their potential for social inclusion and social change. Any form of discrimination and phobia, ultimately, is deeply characterised by ignorance and an irrational fear of the unknown. The closer the refugees get to the symbolic and physical spaces defined by our Eurocentric ideas of national borders and national identities, the more potential there is for a reworking of those spaces, partly as the proximity “shows” (Ahmed 2004) how non-conventional forms of social inclusion are not only possible but necessary. Similarly to what happens with same-sex parents, *proximity* and *visibility* are key here, as they show us how unusual, unconventional forms of inclusion and entitlement to rights are needed to enlarge and enrich our limited definitions, uses and interpretations of the concept of citizenship. In the case of the refugees and asylum seekers, the gap between the cultural scripts of the hosting society and the necessity to go beyond unilateral, inflexible and state-bounded definitions of entitlement to rights inevitably involves a reworking of the scripts and anticipates future policy and political needs. Thus, the social interactionist, emotion-based theoretical approach here illustrated highlights the possibility of local and individual changes that are produced at the micro-level even as structural and cultural influences persist at the macro-level. It also emphasises the necessity and describes the conditions of innovative, flexible and inclusive definitions of civic entitlement and social participation inspired by a growing number of unequally entitled citizens.

In no way am I suggesting that the emotion-based, relational and situational forms of social inclusion here discussed take place automatically and that they are successful in any circumstances, providing an entirely alternative interpretation of the relationships between the different social actors involved. The emotional dynamics as well as the care practices are imbued with issues of power, dependency, asymmetric relationship, inequality, economic transactions and so on (see also Basch et al. 2005;

Zelizer 2005) both in the context of refugees/asylum seekers and in the context of the other examples of unequally entitled citizens here described. What I suggest, instead, is that by looking more closely at the *social fields* that cross geographic, cultural and political borders (Schiller et al. 1992, 1995; Fontanari 2016), we can get useful insights into the ways in which alternative narratives and accounts slowly become more visible and force us to challenge taken-for-granted assumptions about issues of belonging, identity, social inclusion and entitlement. Quite obviously, the role of social, legal and political institutions, the role of national and supranational policies and politics, the role of media, the role of education, the role of the multiple and diverse examples of unequally entitled citizens described by some scholars as “pioneers of cosmopolitanism” (Beck et al. 2014) are all fundamental and can only be partially addressed here. Nevertheless, there are, I think, several theoretical and methodological suggestions which emerge and would be worth being further investigated starting from the arguments discussed in this book. The *micro-situated* and *emotion-based model* of social and cultural inclusion exemplified by same-sex parents—I argue—can be a useful analytical and practical tool overcoming the limitations of current models of citizenship and integration, as long as conceptual clarity and methodological soundness are respected. As several contributions demonstrate (Ambrosini 2013; Baldassar and Merla 2013; Boccagni and Baldassar 2015; Finotelli and Michalowski 2012; Freeman 2004; Koopmans 2010; Koopmans et al. 2012; Sassen 1998), it appears all the more necessary to abandon conventional approaches to integration and social inclusion based on rigidly economic, political and normative interpretations of the reality in favour of more nuanced, qualitative, phenomenological and dynamic approaches based on innovative theoretical and analytical tools and on complex range of new methods of inquiry. The extent to which such theoretical and methodological project can be fully realised still needs to be further explored and will crucially depend on our ability to *care about* and acknowledge the *value* of diversities and cultural differences.

One way to measure the relevance and the potential impact of the theoretical and methodological model here illustrated will be the development of (1) policy recommendations based on more grounded and innovative accounts of the politics of care, situating abstract ideas of citizenship into

specific empirical contexts and providing important practical tools for social inclusion and crucial insights on social change; (2) innovative methodologies to investigate the extent to which the micro-situated and emotion-based represented by these unequally entitled citizens or pioneers of cosmopolitanism can be used as a general model of citizenship and social inclusion; (3) an integrative knowledge about the effects of new, emerging social phenomena in various social and cultural contexts; and (4) innovative, creative strategies of social inclusion based on *micro-policy* and *micro-politics of emotions*.

The numerous examples of successful, inclusive care practices which occur at the micro-level of interaction for different types of *unequally entitled citizens* represent some of the “social fields” where geographic, cultural and political borders are regularly crossed and combined (Shiller et al. 1992, 1995; Fontanari 2016) thanks to face-to-face interactions involving ethics of care and emotion dimensions. Without ignoring the fundamental role of important dimensions and variables (i.e. power, status, social class, education, gender and ethnicity), these examples undeniably challenge our conventional wisdom and make traditional lens and paradigms to interpret citizenship and social inclusion inadequate because they are not able to capture through fine-grained phenomenological analyses the entirety and the complexity of what happens at the level of face-to-face interactions. Many of these examples of successful forms of social inclusion—that is, forms of social inclusion occurring in pluralistic rather than assimilationist ways—have been documented by media and other non-academic accounts. What is needed, thus, is further developing the emerging interdisciplinary approaches intersecting migration and refugees studies, citizenship studies, ethics of care studies and the sociology of emotions (Boccagni and Baldassar 2015; Albrecht 2016); in other words, intersecting the concept of citizenship with the concepts of care, care practices and the emotional dynamics revolving around them. This process of theoretical hybridisation and contamination should be accompanied by a careful implementation of innovative research methods which I describe elsewhere (Pratesi 2012b) and in the Appendix of this book. In order to be more effective, then, the innovative empirical agenda should involve cross-cultural collaborations and adopt holistic and participatory approaches (Creswell and Poth 2017; Hayes et al. 2016; Van den Hove 2006) based on the development of ethnographic, phenomenological,

narrative analyses to explore ways of *doing* or *undoing social inclusion* and *citizenship* through care interactions.

Further developments may also be achieved by rethinking the concept of citizenship as a social relation emotionally charged and integrating the connection between the *ethics of rights* to the *ethics of care* highlighted by James (2014) with an *ethics of respect*, respect of diversity and dignity of every individual, in which fundamental questions of difference/identity, inclusion/exclusion, visibility/invisibility, entitlement/responsibility are universally granted and individually negotiated at the micro-level of face-to-face interactions; but also by linking the multiple, micro-situated and emotion-based ways of *doing citizenship* and *social inclusion* to the fundamental dimension of collective responsibility.

The credibility of the theoretical and methodological model here illustrated can be solidly grounded in the participants' local, contextual, lived and felt experience of the phenomenon studied and in the multiple methods and tools we use. The specific importance and contribution of qualitative studies rely upon acts of interpretation, convincing reconceptualisation of a phenomenon and dialogue within and across fields and disciplines. The interpretive phenomenological analysis illustrated in this book is a complex, time-consuming and labour-intensive process, which requires the researcher to acknowledge the complexities and ambiguities of the research participants' narratives and simultaneously come to terms with the necessity to illustrate their accounts in a form that is clear, credible and exhaustive. Since we do not rely upon statistical tests to verify whether a pattern or a relationship between variables is significant, we have to make carefully considered judgments about what themes, patterns and categories represent truly relevant information to analyse these narratives. Producing readable, linear narratives out of complex social realities is one of the problems shared by all qualitative researches. In the end, all qualitative works contain "some mix of careful planning, serendipity, blunder, and idiosyncratic predilections" (Leidner 1993: 233). As a consequence, we must be aware that what we discover is shaped by us, that it is not the only truth, and that both our theoretical and methodological approaches require an ongoing reflexive attention. But equally, we should engage in designing approaches where what we construct cannot be seen as arbitrary and what we find cannot be seen as only limited to the research participants' stories

and individual troubles (Mills 2000), but rather as a valid start to question more conventional interpretations and approaches and to expand our present understanding of a phenomenon.

These types of qualitative, phenomenological approaches can indubitably help us to experience what Denzin calls a “dialogic relationships with the [moral] community” we all belong to, as social researchers (2001b: 43). These dialogic relationships, in turn, allow us to better understand what any phenomenon might truly involve when freed from its cultural scripts and lived in the entirety of its ethical, emotional and political implications, in a sort of ideal *democracy of feelings* in which individuals possess different but equally acknowledged emotional rights and responsibilities; different but equally valued ways to be and feel entitled as parents; different but equally respected ways of *doing care* and—through care—*doing citizenship*.

Notes

1. I intentionally and critically use the expression “so-called” to qualify the term crisis as this latter indicates a sudden, unexpected and problematic event. This is not the case of the current humanitarian emergency, which is a structural phenomenon that has been affecting the lives of thousands of refugees and asylum seekers for years and will continue to do so in the future. Dealing with this phenomenon by looking at it as a crisis, rather than an integral part of the process of human, social and economic development, is simply wrong and represents a missed opportunity.
2. Schiller et al. (1992, as cited in Ambrosini 2007a: 1) define *transnationalism* as “the emergence of a social process in which migrants establish *social fields* that cross geographic, cultural and political borders [...] and take actions, make decisions and feel concerns within a field of social relations that link together their country of origin and their country or countries of settlement”.

11

Grounding Citizenship to an Ethic of Care: Conclusions and Implications

The purpose of the empirical work illustrated in this book was to intersect *care* and *emotion* and analyse less explored and less visible dimensions of care-related inequalities: the inequalities which emerge from—and are related to—the emotional dynamics revolving around care. More specifically, this book sheds light on the *emotional implications* of informal care (a) by looking at the different types of care arrangements which develop in different types of family contexts and other forms of intimate relationships and (b) by using innovative theoretical and methodological approaches to study this complex phenomenon and get closer to its fundamental nature. The original idea was to develop a thorough and more inclusive phenomenology of care by looking at the lived and felt experience of care and at the multiple and uncharted meanings and implications of care.

From the theoretical point of view, this study was based on a phenomenological approach showing the not always manifest links between symbolic interactionism, social constructionism and ethnomethodology; and it made use of those theoretical traditions in the sociology of emotions describing inequality in terms of emotion-based processes which occur at the level of micro-situated interactions. In particular, it drew on Collins'

Interaction Ritual model (2004) according to which people's statuses and ranking in society are also and fundamentally based on emotional dynamics rather than merely on structural dimensions. The combination of these theoretical traditions allowed me to get important insights into the multiple and, at times, contradictory ways in which the emotional dynamics shape the experience of care and produce different outcomes in terms of inequality and social exclusion; but also in terms of social inclusion, citizenship and social change.

Borrowing from Fenstermaker and West's idea (2002) that gender is a fluid, contingent and situated accomplishment through which outcomes of inequality are constantly reproduced, my argument is that a systematic, in-depth, phenomenological investigation of the interactional and emotional processes involved in *doing care* provides significant clues to visualise the processes involved in *doing citizenship*; in other words, the multiple ways in which people—through their ongoing interactional, lived and felt experiences of care—produce different outcomes in terms of equality/inequality, inclusion/exclusion and entitlement to rights. Care is seen as a strategic site to disclose the invisible, emotion-based, interactional mechanisms through which social exclusion and inequality, on the one hand, but also social inclusion, status membership and citizenship, on the other, are constantly reproduced at the micro-level. The integration of some of the most recent theoretical developments in the sociology of emotions with Fenstermaker and West's ethnomethodological approach was aimed to overcome the current limitations characterising conventional approaches to the gendered division of care work and to offer a more exhaustive and reliable picture of different ways of *thinking*, *feeling* and *doing care* within a heterogeneous set of family and non-family contexts.

Deceptive dichotomies between a female world of expressiveness and care and a male world of instrumentality and rationality still tend to characterise current discourses on care, reproducing confusing and erroneous distinctions between the worlds of emotion and rationality.¹ The Cartesian dualism between mind and body which has shaped for centuries Western culture largely explains these erroneous distinctions. Thus, one of the issues addressed in this book had to do with the necessity to overcome these misleading, dichotomist ideologies and look for more inclusive,

empirically grounded and emotion-based approaches to social inequality and social exclusion; approaches which might be able to go beyond a mere logic of gender-related inequality or other structural factors affecting people's inequality. Putting emotions at the centre of the analysis and expanding the category of gender by looking at the multiple ways in which different men and different women *do gender* represented the starting point as well as the strategy to deal with the above limitations. The purpose was to prevent a limited and ideologically tainted discourse on informal care.

In this sense, the inclusion of same-sex couples or other unconventional family arrangements was strategic in several respects. First of all, in order to challenge conventional and heteronormative approaches to family care which tend to either exclude unconventional families or to specifically focus on them in a comparative perspective that aims to analyse the assumed specificities of their care practices. Second, because these less conventional families are crucially important to envision the emotional dynamics of inclusion/exclusion people produce while caring for others. Third, because unconventional family arrangements are key in showing the links between *agency* and *structure*, that is, between micro-situated action and interaction, on the one hand, and macro-structural forces reproducing inequality, on the other. And finally, in order to initiate a broader, more inclusive debate on care challenging conventional ideas and definitions of the family based on legally acknowledged contracts (marriage) and dominant forms of sexuality (heterosexuality). This is why the sample of 80 caregivers included different types of caregivers (married and single caregivers, male and female caregivers, heterosexual and gay/lesbian caregivers) and different types of care (childcare and elderly care).

Through a *thick description* and interpretive phenomenological analysis of the care practices *experienced* and *felt* within these different types of family contexts, the book sheds lights on the less visible rationales and implications of care which have to do with the production of emotional energy (EE) (Collins 2004), status inclusion, civil entitlement and social change and provides the premises for a substantial reconsideration of the current literature on care and the ethics of care. Thus, whilst the contribution of all types of care and caregivers is extremely important, the specific focus of the book on same-sex parenthood is essential to visualise

and understand the link between *doing care* and *doing social inclusion* and *social change*. Parenthood, in fact, is conventionally constructed and thought as typically heterosexual, leaving sexual minorities out of the picture. The book fills this gap and sheds light into the *interactional* and *emotional dynamics* through which care produces forms of exclusion and inequality which are not (only) related to the care activity in itself, but rather to the *feeling of entitlement to care* or its lack thereof.

Most of the scholarship and current literature on care focuses on the gendered costs of care while far less attention is paid to the consequences of *being excluded from care* or not being acknowledged as a fully entitled and legitimate caregiver. Even less attention is paid to the inherently rewarding and empowering aspects of caregiving. In the previous chapters, we have seen how indefensibly scarce the attention given to the *right to care* and to its positive implications in terms of status inclusion and EE gain is. One of the key contributions of this book is to show how the *right to care* should be more explicitly reframed and discussed as a public process involving (*public*) status and power dimensions as well as (*private*) emotional and psychological processes. This is true for all kinds of caregivers, regardless of their sexual orientation. For same-sex parents, however, the right to care is associated with a momentous historical change: their claiming the right to be parents as fully entitled and acknowledged caregivers is something that has never happened before. For this minority within the minority, parenthood is increasingly becoming an effective way, perhaps the most viable one, to achieve a *by default recognition* of other civil rights connected with the changing nature of citizenship in Western societies, such as those related to marriage or civil union.² In fact, discriminating against same-sex parents means discriminating against their children, and whilst LGBT's civil rights are still considered by many as sectarian or of secondary importance for the broader society, children's rights seem to maintain a universally shared appeal which intersects social, cultural, geographic and political borders.

Same-sex families asking for the acknowledgment of their right to care redesign the symbolic, legal and political boundaries of the concept of citizenship, revealing an interesting paradox: they look for social and legal inclusion within pre-existing definitions of families and, at the same time, they claim their *unique* right to care by embodying and giving visibility

to new, unconventional perspectives on families, relationships, intimacies and care-related entitlements. In Chap. 9, we showed examples of how same-sex families produce social change by broadening conventional ideas of family and parenthood, increasing the social visibility of sexual minorities, challenging gender stereotypes and living in close proximity to heterosexual cultures without being incorporated into or assimilated by them.³ Same-sex parents claiming their right to care can be seen as a model of *anti-assimilationist citizenship*, or as a model of more pluralist, inclusive and relational citizenship which involves the entitlement to (a) the right to symbolic presence and visibility vs. marginalisation, (b) the right to dignifying representation vs. stigmatisation and (c) the right to affirmation and propagation of identity vs. assimilation (Pakulski 1997; cit. in Richardson and Monro 2012).

The previous chapter has examined the extent to which the micro-situated and emotion-based model of social inclusion embodied by the same-sex parents might represent a possible model of inclusive and anti-assimilationist citizenship applicable to other types of *unequally entitled citizens*. The main objective of the suggestions for further research discussed in Chap. 10 is to initiate a dialogue on the opportunity to develop new theoretical and methodological approaches to the concepts of care, social inclusion and citizenship. Emotions, I have argued throughout the book, constitute the (missing) link between *doing care* at the micro-level of interactions and *doing* or *undoing difference* at the macro-level of social structures; and different ways *to do care* and *to do gender* must be taken into account if we want to grasp a truly comprehensive and panoramic picture of the phenomenon of care and of its *whatness*. Highlighting “the centrality of emotions to routine operations of social interaction” (Barbalet 2001: 3) and their explanatory role in producing social change was one of the aims of this book. This study has indeed revealed and clarified the emotional dynamics through which forms of relational social inclusion are produced at the micro-level of interactions even when forms of inequality and social exclusion persist at the macro-level of social structures. More specifically, it has clarified the interactional, emotional dynamics connecting parenthood, sexual orientation and citizenship and the complex ways they are shaped by and shape the structures in which they are embedded, producing social change. Ironically enough, these

minority parents are opening the doors to social change by capitalising on one of the least valued goods in our capitalist, neoliberal societies: family care.

Being a parent still makes a significant difference in our societies,⁴ but different ways to attain parenthood—biologically, through adoption, surrogacy and so on—or to be a parent—single or in a couple, gay/lesbian or heterosexual, married or unmarried and so on—make an even more important difference: a difference that translates into inequality but that can be challenged by reconsidering the role and the multiple implications of care and emotions in our life. By *doing care* we also *do citizenship*, *social inclusion* and *social change*: through emotions.

Notes

1. Research on the neurology of emotions has demonstrated that supposed opposition of emotion and rationality is simply wrong. Several studies have clearly shown that there is a strong connection between the cerebral cortex, which makes our rational decisions possible, and the subcortical emotions centres of the brain (the amygdala). When this connection is compromised, human rationality appears to be greatly affected, if not impossible altogether (Damasio 2003, 2006). Therefore, what we call human rationality is not neurologically detachable from our emotional response; that is, if it is true that decision-making can be considered as one of the most prominent outcomes of our rational activity, then also decision-making proves to be dependent on emotions. To put it in the words of neoclassical economics, the activity of attaching valences or “utilities” to different alternatives is far from being disconnected from its emotional counterpart. See also Bechara et al. (2000), LeDoux (1998), Turner and Stets (2005).
2. Which are crucially important for other forms of legal entitlements (such as who has a say in health-related issues, inheritance and patrimonial issues) and other expressions of the right to care: the right to care for and about one’s partner as a fully entitled citizen.
3. This latter point is particularly important, as one thing is affirming a different (acknowledged, legitimate, dignified and valued) model of parenthood

and another thing altogether is being co-opted within pre-existing, hetero-normative and hegemonic models of family and parenthood.

4. Several scholars have critically emphasised how in Western societies parenthood, rather than (merely) heterosexuality, is the precondition for a full social entitlement as a “normal citizen” (Turner 1999a, 2008; Richardson 2005; Richardson and Monro 2012).

Appendix: Research Methods and Tools

This appendix provides further details about the analytical and methodological approach informing this book and illustrates the multiple research methods and tools used in the study. Reflexive accounts on my epistemological position as a researcher complement this session, with the aim to further support and reinforce the persuasiveness of the analyses and interpretations proposed in this book. Situating oneself epistemologically is an important element of credibility¹ and reflexivity (Archer 2007; Doucet 2008; Mauthner and Doucet 2003), because it puts the reader in the position of judging how the researcher's location and subjectivity might affect any aspect of the research or interpretative process. Reflexivity is a methodological principle and instrument that sheds light upon the ways in which a researcher's intellectual and personal involvement with a particular subject matter influences, acts upon and informs his/her research. In other words, it requires an explicit acknowledgment and awareness of the researcher's contribution to the construction of meanings throughout the research process.

Within the context of social sciences, reflexivity is therefore a research tool used to analyse personal, intersubjective and social processes which shape our research. It enables researchers, particularly within the qualita-

tive tradition, to acknowledge their role and the *situated nature* of their research. No matter how aware and reflexive we are, there are influences that the researcher may be unaware of, or that require time, distance and detachment from the research to be better identified and articulated. Nevertheless, if being aware of possible interferences does not eliminate them, by disclosing our potential biases we can put the reader in a better position to weigh the *credibility* of the research accounts. When I started this research I did not have a specific personal stance towards same-sex parenthood. As a sociologist, I thought that including same-sex parents in the sample of “normal” caregivers was strategically important to highlight the emotional dynamics of status inclusion/exclusion and also theoretically necessary, to fill an existing gap in the literature on care. As a gay man, I was interested, both intellectually and personally, in exploring a phenomenon for me still completely unknown. Throughout my in-depth, ethnographic study of the phenomenon of care and, in particular, the exploration of the uncharted territory of same-sex parenthood, my originally neutral stance was partially modified. Given these premises, I cannot exclude the influence of those unintentional factors that are not easily visible to the researcher or that require time, distance and detachment from the research to be better identified and articulated. Nevertheless, as Mauthner and Doucet (2003) suggest, paying attention to the *epistemological accountability*² of a study is far more productive than providing the reader with a mere literal account of the multiple filters, influences and factors potentially affecting our research.

Our epistemological stances are reflected *in* and *by* the ways we experience and construct our realities and the social world. Each time we choose specific theoretical paradigms and methodological approaches, we operate some form of influence on the research outcomes, but we also provide a significant contribution to the construction of social reality (Berger and Luckmann 1966). Our knowledge, ideas and views of reality are deeply entrenched in the historical, cultural, political and societal contexts in which we live; and so are our research practices and methodological choices. This is why it is important to reflect on and to explicitly clarify our theoretical and methodological choices: because, also through them, we can unintentionally create dynamics of exclusion and inequality or reproduce the social realities supporting them. One of the research’s aims

was gaining insights into the inner, emotional and interactional mechanisms through which different types of caregivers produce inequality and social change while *doing care*. The argument of this book is that, by *doing care*, people create forms of emotional stratification at the micro-level that affect their social positioning at the macro-level and their social inclusion or exclusion within specific groups and contexts. In other words, the “private” experience of care possesses important “public” implications in terms of status inclusion/exclusion, status membership, social and civil entitlement and, ultimately, citizenship. In order to shed light on the links between the private, inner, emotional processes related to care and their public, social, structural outcomes, I needed methods of data collection that could capture and visualise the emotionally charged and lived experience of care in different types of caregivers; that is, methods that could be innovative, creative and reliable enough to allow me to claim the credibility of my findings³ and to induce the reader to endorse it.

In what follows, I first describe the methodological approach and the analytical strategy employed to grasp and interpret the emotionally charged and lived experience of same-sex parenthood; I then illustrate the different research strategies and toolkits which underpinned this study; and, finally, I reflexively position myself describing the emotional labour in which to some extent I was involved, intellectually and personally, as a researcher. The collection of qualitative data drew on several research methods and instruments: semi-structured in-depth interviews, diaries, ethnographic participant observation, online conversations with and between same-sex parents, key-informant interviews and secondary sources about informal care and same-sex parenthood collected from adoption agencies, newspapers and the web. While the contribution of all these methods has been crucially important to inform and feed my critical phenomenological inquiry, many of the interpretations and explanations discussed in this book have been largely based on a thorough, meticulous and systematic analysis of the interviews’ verbatim transcriptions⁴ and on the use of the *constant comparative method* and *analytic induction*, which represent the most appropriate methods to corroborate studies based on large amounts of qualitative data. The constant comparative method involves repeated comparisons within and across cases to verify or disconfirm provisional hypotheses and it also entails searching

and highlighting those cases that do not fit immediately with the rest of the sample. Analytic induction is a process which builds explanations by constructing and testing a set of causal links between events, actions, patterns and so on in one case and then extending them to further cases.⁵

Methodological Approach and Analytical Strategy

Although several theoretical advances in the sociology of emotions—notably Collins' Interaction Ritual model (2004)—informed my empirical research, none of them had been previously applied to examine the topics discussed in this book; moreover, I did not have any specific hypothesis to verify nor did I know what would have emerged from my inclusive, phenomenological study of informal care. Data collection and interpretation were guided by the principles of *Grounded Theory* (Glaser and Strauss 1967), which is an inductive method requiring a meticulous analysis and constant comparison of data while searching for emerging themes, recurring patterns and analytical categories. This method involves a complex series of steps which include collecting additional data from the research participants or finding new sources of information to either validate or discharge emerging categories of analysis and patterns. Constant comparison and analytic induction enable the ongoing and systematic emergence of hypotheses from the data. Thus, the theory is progressively developed from and directly grounded in the qualitative data and observations rather than being generated in abstract terms or formulated a priori. As the data collection goes on, central theoretical concepts are identified and tentative links are developed between those concepts and the collection of new qualitative data. The early stages of the empirical research, especially when this also involves ethnographic work and observation, tend to be quite open, laborious and time-consuming, but also extremely productive. The subsequent stages of the research involve constant corroboration, comparison and systematisation of the emerging ideas, concepts hypotheses and patterns. The overall goal is trying to converge towards a few core conceptual categories and sets of hypotheses that are central. The whole process never really ends and could continue

indefinitely: essentially, it ends when the researcher decides to or is forced to conclude the collection of new data (and the associated formulation of new hypotheses) because of time and resource constraints.

The analysis of the substantial amount of qualitative data collected during the two years was guided by what Denzin calls *interpretive interactionism* (Denzin 2001a)⁶ and some other scholars call *interpretive phenomenological analysis* (Smith 2004; Smith et al. 1997, 1999). This analytical approach involves trying to understand the individuals' life experiences, how individuals make sense of them and what meanings are attributed to them (Smith 2004). Thus, the qualitative approach adopted and described here can be defined and summarised as *phenomenological*, *interactionist* and *interpretative* in that it is concerned with the individuals' perceptions or accounts of a social phenomenon, focuses on people's subjective experiences and interpretations of the world and views the analytical outcome as resulting from the interactions between the individuals' accounts and the researcher's frameworks of meaning. The interpretive phenomenological analysis involves therefore a high degree of subjectivity, as it is shaped by the researcher's interpretative frameworks. Nevertheless, this does not mean that the traditional criteria to evaluate the research's quality and soundness are completely irrelevant when we assess this type of qualitative research.⁷ With such a context—to paraphrase Becker (2001)—we are not directly dealing with validity in its canonical meaning, but rather with something which seems as essential to us as validity does to others in other research contexts. In this analytical context, the *social significance* of a relationship, a similarity or a difference becomes more relevant than the *statistical significance*,⁸ since statistically significant differences might be socially insignificant and socially significant differences might not be revealed by statistics (see also Epstein 1997; James 1997).

One of the first practical and analytical steps of this approach involves repeated reading of the interviews' verbatim transcripts, resulting in annotations on key concepts, general recurring themes and common patterns. After this process has been reiterated several times, the next step is connecting the resulting set of general themes with common patterns emerging from the different transcripts; this should allow, then, to produce a broader set of themes, patterns and links between them. In order

to grasp the complexities of the entire process, we now need to provide some details about the format of the semi-structured interview, its underlying rationale and objective and the multiple, innovative research tools which accompanied and enriched it.

The Narrative, In-Depth Interview as a Short Film

The in-depth interviews focused on the caregivers' lived experience of care and included, as such, questions on the different types of care arrangements, care networks, strategies to combine work and care, the emotional and practical implications of care, the effects of care responsibilities on personal identity and the subjective and reflective interpretations of such effects. The interviewees were invited to talk about their family/relationship contexts, their networks of care, their care activities and responsibilities, their everyday practices and concerns, their thoughts and their feelings revolving around the experience of care. The interview was conceived and delivered as an interactive practice where both interviewee (as a storyteller or narrator) and researcher co-construct interpretive frameworks and orientations. This, while the interview was semi-structured and followed a clear pathway, its nuances and constructive digressions were constantly negotiated within a context where practical contingencies and expertise blended together and the interviewee's "felt" experience of care emerged from a complex and comprehensive range of means. New themes and different ways to interpret them are developed during this type of (inter-)active interview and the interview questions are adjusted accordingly (Holstein and Gubrium 1995).

The format of the interview was based on a set of open-ended questions as initial probes on a wide variety of topics and included several tools aimed at getting insights into the *felt experience* of care and the emotional dynamics revolving around it while at the same time facilitating the tones of an informal conversation. Among these multiple tools, a drawing with two concentric circles which was showed to the respondents at the beginning of the interview to help them describe their networks of care; a scale (the *thermometer of feelings*) to help them describe

their emotions when *thinking* or *doing* care; a drawing with a staircase (the *existential ladder*) to facilitate the respondents' visualisation and accounts of their existential moves and progress; several photos portraying different kinds of care context and situations which were shown at the end of the interview as a visual elicitation to stimulate additional thoughts and reflections about the respondents' care experiences.

The interviews format allowed for more than a simple in-depth account of the participants' experience of care. Reading the verbatim transcriptions and going through them over and over again were more than a simple reading: it was like watching several times a short movie, which included the visualisation of the overall atmosphere, the type of interaction between researcher and respondent, the interview context and circumstances, the smiles, the laughs, the enthusiasms, the disappointments, the frustrations, the joys and, sometimes, the tears. If, for obvious reasons, all these elements hold particularly vivid and memorable images and feelings for the researcher, the reader should also be put in the position of visualising most of them with a similar intensity through the analysis of the long interview's excerpts and the researcher's thick interpretation of them. Both images and feelings will not be the same, since the reader can only imagine the situations, but the emotional intensity and tenor emerging from the respondents' accounts should not diminish. This can be achieved when the conditions for a proper *interactive interview* (Holstein and Gubrium 1995) are produced and the interview format includes some of the creative tools illustrated below.

The Thermometer of Feelings

The use of the *thermometer of feelings* involved asking the respondents to qualify, assess and weight the emotions revolving around their care responsibilities and activities. The respondents were given a sheet with the drawing of a large thermometer and 20 tags, representing different emotional states (positive and negative) and then they were asked to locate the tags on a scale ranging from zero, for the lowest intensity, to one hundred, for the highest. They were expected to place the 20 tags on the scale by thinking about their care activities and responsibilities and

describing the different circumstances, contexts and situations of care to which the different emotions were associated. Ten tags corresponded to positive emotional states (ranging from happiness to gratification/fulfilment), while the other ten tags corresponded to negative emotional states (ranging from isolation/exclusion to depression).

The structure of the thermometer of feelings allowed the respondents to position their tags on the scale using multiples of ten, five, or even less, and to change the place of each tag at any time if they changed their mind. During the process, the respondents were providing me with a thorough, detailed phenomenological account of their emotional experience of care, explaining and commenting the reasons of their choices and contextualising them. The thermometer of feelings, which other scholars have arguably conceptualised in terms of a *standard measure of affect* (Alwin 1997; Marradi 1998, 2007), was used in this study with a quite different approach and rationale: to encourage the emergence of reflexive accounts upon the multiple, conflicting emotions revolving around care and to stimulate the production of additional information on topics that might have not been previously raised or adequately explored. Precisely because I was not interested in any sort of statistical significance or standardisation of the data, but rather in their phenomenological and deeply qualitative nature, the way in which I designed and applied this innovative research instrument enabled me to obtain extremely rich and priceless information about the respondents' *lived* and *felt* experience of care.

The Existential Ladder as a Dynamic, Diachronic Portrait

The *existential ladder* is a drawing of a large staircase which I showed to the respondents to allow them visualising their life in terms of symbolic steps. The use of this research tool is very simple: the respondents are given the drawing of the existential ladder (a series of subsequent steps) and asked to describe what each step represents to them in terms of present, past and future achievements, objectives and goals. Objectives, achievements and goals include multiple existential dimensions articulated in terms maturity, quality of life, personal and intellectual growth,

affective and intimate life, family and relationships, professional life, creativity, personal gratification, social status, income, career, contributions to the wider society, mindfulness and so on. Each step of the symbolic staircase should provide details about the respondents' present, past and future existential positioning.

During the process, I probed the respondents with questions, mostly focused on the presence of any potential clashes between their professional and personal careers and pathways: in other words, on whether or not their current or past care responsibilities and activities negatively affected their life choices and opportunities. The narratives which are developed in this way provide the researcher with a comprehensive, systematic and dynamic portrait of the respondent's experience of care. The employment of this research tool is therefore extremely fruitful as it allows the respondents to provide a diachronic and dynamic picture of their biographical pathways rather than merely an instant snapshot of their present situation; a dynamic and comprehensive picture which also provides significant insights into the multiple emotional dynamics affecting the caregivers' perceived sense of inclusion/exclusion, entitlement, personal and social development and personal and social mobility.

Photo Elicitation: The Images of Care

Photo elicitation was another fundamental component of the in-depth interview. Towards the end of the narrative interview, the respondents were asked to select and to comment on photos showing different types of care-related situations, including positive and/or less positive care contexts from the point of view of emotions. They were invited to have a look at a wide range of images of care, choose some of them and then explain the reasons of their choice: that is, whether the photos reminded them something familiar, described some of the situations they had experienced while doing care, or, more simply, were evocative of a feeling, a memory, an idea, an anecdote and so forth. Showing the participants these pictures was like presenting them a series of visual statements, which were expected to be read and commented according to their subjective interpretations and experiences of care.

This type of research instrument allows the researcher to access a deeper level of meaning. With a photo elicitation, the respondent interprets or re-interprets the meaning of these visual statements, becoming a *cultural specialist* (see also Becker 1995; Harper 2002; Steiger 1995). In the photo elicitation interview, the participants choose a series of thematic pictures that best illustrate their *feelings*. With photo elicitation, the respondents are often more open and frank about the details of their everyday care experiences. At the end of the process, different meanings and dimensions emerge: the respondents' selection and subjective interpretation of the photos that represent most closely the emotional states connected to their lived and felt experience of care, and the factual visual elements present in the photos that hold their own meanings, aside from the respondents' subjective descriptions or interpretations. Through photographs, meanings became much more complex, and at times even contradictory; but the end result is a rich, multidimensional, visual and ethnographic understanding of them.

Computer-Assisted Data Analysis

Among other things, the analysis of data relied also on the utilisation of N-VIVO, one of the several computer softwares which can be used for the analysis of large amounts of qualitative data. This application allows a complex coding process through which vast amounts of data—textual, visual and audio data—can be organised, managed and correlated. The coding process and the manual uploading of the interviews' quotations and other qualitative data are extremely time-consuming⁹ but also extremely productive. To start with, the researcher needs to go through a careful analysis of the interviews' transcripts, over and over again, and to generate a list of emerging themes and recurring patterns. The emerging themes or *nodes*¹⁰ should then be used as general frameworks to organise, illustrate and support the interpretation of findings and to verify or disconfirm emerging hypotheses, patterns and links.

For some of the broad themes emerging from the narrative interviews, the *nodding* process produced hundreds of pages, which eventually needed to be further filtered, selected and organised; for others, it only produced

a few pages. This allowed getting an immediate sense of the relevance (or irrelevance) of each individual node. Some of the nodes I generated—such as, for example, the respondent’s subjective definition of the family, the balance between work/career and care, the meanings of care, the draining or energising aspects of care, the gains and losses related to care, the existential ladder, the dynamics of status inclusion or exclusion and so on—were explicitly addressed in the semi-structured interview structure; others—such as, for example, “being old/sick”, “being gay”, “care as a choice”, “the divide between caregivers and non-caregivers”, “care as an alibi”, “happy to be out of the rat race”, “not relying on other people”, “the productivity of care”, “the global/universal experience of care” and so on—emerged instead from the analysis of the interviews’ transcripts.

Sometimes a quotation can fit into multiple nodes and some of the nodes can be more interrelated than others. This makes the analytical process more complex, but it also allows, over time, to build suitable conceptual filters that are neither too broad nor too narrow. Through the use of such conceptual filters, the researcher can recover, at any time and with a simple computer-assisted procedure, important quotations and/or fragments of the interviews’ transcripts that would otherwise be lost. The analytical process allowed by this software can never be exhaustive or definitive, not only because the aforementioned premises of the Grounded Theory approach but also because the potential uses, commands, options and applications of N-VIVO are enormous. Nevertheless, the richness of the results and of their potential developments undoubtedly makes of this important research tool an effort worth being pursued.

The Diary

Time sampling diary (TSD, also called Time Sampling) is a research technique designed to collect representative samples¹¹ of people’s subjective experiences—specifically revolving around their emotions, perspectives and motivations—as they go about their daily activities (Brandstätter 2001). Research participants are asked to record their subjective, emotional experiences at randomly selected times, several times a day for about 30 consecutive days. This technique was first described in the

1970s by the Austrian psychologist Hermann Brandstätter, although long time before that, the British psychologist and psychoanalyst John Carl Flügel had published a study in which participants recorded as often as possible, over a period of 30 consecutive days, their emotions during the past hour or so.¹² Differently from Brandstätter's technique, however, this latter pioneering study did not include random sampling and the emotional states were always recollected and recorded retrospectively. More recent illustrations of the use of diaries and time/experience sampling techniques can also be found in Bryman (2015), Michelson (2015), McDonnell et al. (2016), Nezelek et al. (2017).

In my study, I used a revised and modified version of Brandstätter's technique. At the end of the interview, I asked the respondents whether they were willing to fill in a diary that covered at least three to four weeks. More specifically, it was expected to cover a 24-hour period,¹³ during two randomly chosen days of the week, for three to four subsequent weeks. The diary focused on the respondents' care-related feelings and emotional states experienced in the moments of self-observations. The respondents' care-related feelings and emotional states were expected to be described as they manifested themselves in concrete situations and contexts characterised by the following items: type of care activity, time of self-observation, place of self-observation, other activities involved, perceived presence or absence of resources and constraints and other persons present in the observed care context/situation. Thus, the qualitative data concern (1) what a person does and experiences (2) in a randomly chosen time and place and (3) in immediately responsive interactions with someone else (see Brandstätter 2001; Katz 1999). By photographing and reporting the respondents' viewpoint, the diary dramatically reduces the researcher's interpretive biases.

The response rate for the diaries¹⁴ and their distribution among the different sub-groups of caregivers¹⁵ were not sufficient to attribute them the same relevance of the interviews in the analytical process. However, the richness, uniqueness and quality of the information collected through the diaries represented an invaluable additional source of information. Table A.1 shows the distribution of diaries among the main sub-groups of caregivers.

Table A.1 Diaries' distribution by gender, marital status and sexual orientation

	Non-gay (<i>N</i> = 38)		Gay (<i>N</i> = 42)		Total
	Men	Women	Men	Women	
Partnered	3	8	6	–	17
Single	–	2	2	1	5
Total	3	10	8	1	22

11 women filled in the diary, among whom:	11 men filled in the diary, among whom:
→ 8 partnered, non-gay	→ 3 partnered, non-gay
→ 2 single, non-gay	→ 6 partnered, gay
→ 1 single, lesbian	→ 2 singles, gay

Ethnographic Work

Other methods were involved in this study, including ethnographic work, which was facilitated by the fact that during my last year of research I moved in a suburban area of Philadelphia characterised by the presence of a substantial population of same-sex families. During that period, I lived with a lesbian couple who had planned to get pregnant and I took part to several social events, informal gatherings, local happenings and baby showers involving same-sex families. My ethnographic work on same-sex parenthood, however, started before then and it included taking part in sport, recreational and cultural activities at one of the largest LGBT community centres in Philadelphia and the thematic analysis of the messages exchanged on the online forums and chats of same-sex parents associations. As I explained elsewhere in the book, the messages were related to several matters—including legal advice, health-related issues, school matters, baby shower announcements, informal meetings and so forth—and their analysis allowed me to get very useful insights in the lived and felt experience of same-sex parents and in their search for status inclusion, entitlement and sense of belonging. Finally, regular conversations (either face-to-face or via e-mail) with some of the research participants with whom I stayed in touch beyond the interview context added to my ethnographic, phenomenological understanding of same-sex parenthood an extra layer of depth.

Emotional Labour and Positionality: Reflexive Accounts

The nature of the emotional processes I explored is too complex for any pre-planned script to fit all situations. Mixing creatively the above-illustrated qualitative research methods and tools was crucial to obtain reliable and readable insights into the emotionally lived experience of same-sex parents. My deep, thorough, ethnographic immersion in the phenomenon of same-sex parenthood during the (over) two-year research added the rest and allowed me to obtain a more comprehensive grasp and understanding of the emotional dynamics revolving around this specific form of care. Emotions observed and lived within and beyond the interview context are, themselves, important data, although difficult to convey (Hoffmann 2007). Besides, as Hochschild maintains (1983), the respondents' emotional dynamics during the interview are as real and important as any other product of the interview; and so are the researcher's emotional reactions.

The emotional labour I was engaged with during the interview process was far less demanding and more rewarding than my subsequent attempt to communicate it to the reader through my interpretative accounts. Given the highly emotional nature of my research topics, sudden emotional outbursts were not uncommon among the research participants. Most of the times, however, they told me they felt comfortable also (and perhaps even more) during emotionally intense moments of our conversations; and none of them did ask me to turn the tape off even when they could not restrain their tears. There were also circumstances—several ones—in which contagious laughing prevailed. Each time, I had to decide how much to share and show or instead hide and conceal in terms of my own emotions in order to avoid introducing biases and, simultaneously, giving the research participant the impression of being a cold-blooded and insensitive researcher.

As several methodologists maintain, if the research participants are to be encouraged to abandon any filtering and emotional labour in order to freely express their emotions, the interviewer, beyond his/her ethical duty of care and sensitivity, should carefully avoid any form of emotional involvement during the interview (Holstein and Gubrium 1995). Of

course, there were situations where *not* sharing or *not* showing empathy and sympathy for the research participants' emotional states would have had a negative impact on the interview as much as sharing would have in others. There were situations in which I tried to keep my emotional reactions to what the research participant was telling me as unobtrusive and discreet as possible and other situations in which the conversation became quite emotional for me as well or, at least, I felt compelled to interrupt the interview and turn off the tape recorder to respect the research participant's sensibility, even though they did not ask for it. And there were also situations—as mentioned above—in which the emotional contagion involved laughing, joking and sharing other positive emotional states.

Regardless of the different degrees and tones of my emotional *involvement* and *detachment* (see also Elias 1987a), it was not difficult for me to be genuinely engaged with and interested in the research participants' stories, and this, I think, facilitated the development of a condition of reciprocal trust which is crucially important for the successful outcome of the *interactive interview* (Holstein and Gubrium 1995). Most of the research participants looked extremely comfortable and open also during the most emotionally intense moments of our conversations, and eventually they told me they had thoroughly enjoyed the interview structure and its multiple emotional “opportunities”. One of the best indicators of the successful outcome of the interactive interview is when the research participant says that the interview was a useful occasion to reflect on important issues that would have otherwise been neglected. The emergence of such indicator became, for me, also a sort of partial compensation for the enormous sense of debt and gratitude I felt towards of my research participants.

Simon's care experience reported below, although “stuffed with tons of things to bear”, seems to represent one of the numerous examples of the emotionally empowering effect of care experiences. In the following excerpt, Simon says that the foundation for most of the issues he considers most important to his life is “very much in place”:

Simon: Okay. Well, this interview has made me, I don't know, has encouraged me to think about some of these questions in a way that I hadn't in a long time.

- I: I'll take this as a compliment...
- Simon: Absolutely, absolutely. Maybe part of being a father and being so, you know, having such immediate, I don't know, so many immediate things in my life that I haven't felt the need to sort of step back and reflect existentially as much as I used to. Because I did, I used to, for sure. I very much see myself, for better or worse, sort of, you know, "*nel mezzo del cammin di nostra vita*" (in the middle of my life path)¹⁶ right now, I really do.
- I: ...but not "in una selva oscura" (*But not in a dark forest*) I hope...
- Simon: No, no, no, no, no, just a little stuffed with tons of things to bear. I think that I'm very, I think I'm right in the middle. And I think I'm very satisfied because the foundation for most of the things that I think are most important to my life is very much in place.

Considering the richness and the amount of the material of which we tend to dispose with qualitative research and the strict selections we are unavoidably forced to make, we can never be sure whether the foundation for most of the things that we consider important to support our arguments is "very much in place" as well. Similar to Simon, the majority of the research participants I met told me that the interview experience was an opportunity to shed light on questions that they would have never thought about otherwise. This, in itself, represents an important result and also an additional evidence that those questions lie at the core of the phenomena we are studying.

Notes

1. Within the context of qualitative research *credibility*, rather than *validity* (in the dogmatic sense in which it is often described), becomes the criterion to assess the quality, trustworthiness and persuasiveness of the analyses and interpretations proposed. The reader is put in the position of judging whether the work has represented accurately the subject matter or clarified and expanded his/her appreciation and understanding of it, by means of the presentation of accurate, precise and wide-ranging data, that is, data based on an in-depth knowledge of a wide range of relevant topics rather than just relatively few variables (Becker 2001).

2. Being as explicit as possible about the epistemological positions that inform our research practices and making these positions as transparent as possible.
3. In the sense clarified above.
4. In-depth interviews and the innovative research instruments I describe further below represented the primary source of data collection because they allowed the research participants to emphasise the subjective quality of their different care experiences, the contextual nature of knowledge, the social construction of the multiple meanings of care and the interactive, emotional character of the status of caregivers.
5. “Analytic induction is equivalent to the statistical testing of quantitative associations to see if they are greater than might be expected at random (random error). However, in qualitative analysis (...) there is no random error variance. All exceptions are eliminated by revising hypotheses until the data fit. The result of this procedure is that statistical tests are actually unnecessary once the negative cases are removed” (Fielding and Fielding 1986: 89; cited in Denzin 2001a: 237).
6. Interpretive interactionism is defined by Denzin as “the attempt to make problematic lived experience of ordinary people available to the reader. [...] The research methods of this approach include performance texts, auto-ethnography, poetry, fiction, open-ended and creative interviewing, document analysis, semiotics, life history, life story, personal experience and self-construction, participant observation, and thick description. The term *interpretive interactionism*, as the above list of methods suggests, signifies an attempt to join traditional symbolic interactionist thought with critical forms of interpretive inquiry, including reflexive participant observation and postmodern and literary ethnography; feminist, cultural studies, and critical race theory; queer theory; naturalistic, constructivist, and case studies; poetics, life stories, and testimonios; creative and active interviewing; participatory action research; narrative semiotic, interpretive, and Foucauldian structural discourse analysis; and the interpretive, hermeneutic, phenomenological works of Heidegger and Gadamer” (Denzin 2001a: xi).
7. For example, Silverman (2004) maintains that *reliability* can be improved by using standardised methods to write field notes and analyse transcripts, and *validity* can be claimed by using different methods (e.g. observation, interview and personal messages or personal correspondence) to see whether they corroborate one another; constantly comparing all the data fragments that arise in a single case (Glaser and Strauss’ constant comparative method); proceeding through analytic induction;

situating the sample and providing basic descriptive data; grounding in examples to illustrate both the analytic procedures used in the study and the understanding developed in the light of them; specifying the researcher's theoretical orientation and personal perspectives so that the reader can interpret the findings and consider possible alternatives; organising the findings together so that they can form a coherent narrative grounded on data, a map, a framework or an underlying structure for the phenomenon analysed; accomplishing a general understanding of a phenomenon based on an appropriate range of instances while at the same time specifying the limitations of extending the findings to other contexts or participants (see Elliot et al. 1999).

8. Statistical significance is a mathematical tool used to determine whether the outcome of an experiment or observation is the result of a relationship between specific factors or due to chance.
9. We are talking about a few months of work, for a sample of 80 respondents.
10. "Nodes" in N-VIVO language are broad themes or *conceptual containers* the researcher creates following the analysis of the interviews' verbatim transcriptions or of other textual or visual material.
11. They are considered *representative* because they are recorded at randomly selected times of the day and the week, over more or less long periods of time.
12. The pioneering study was published in the *British Journal of Psychology* in 1925.
13. Each day had two to three random times of observations.
14. Twenty two out of eighty respondents: approximately one-fourth of the entire sample of gay/lesbian and heterosexual caregivers.
15. Differentiated by gender, marital status and sexual orientation.
16. To express his feeling himself in the middle of his life trajectory, the respondent quotes here the famous incipit from Dante's epic poem *Commedia*, Canto I: "Nel mezzo del cammin di nostra vita, mi ritrovai per una selva oscura, ch  la diritta via era smarrita" (which means: *In the middle of the journey of our life, I came to myself in a dark forest, the straightforward way misplaced*). In the Divine Comedy (*Divina Commedia*), Dante narrates the story of his metaphorical journey out of the dark forest where he found himself, lost, in the middle of his life.

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